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**Child Care and Development Fund (CCDF) Plan
for**

State/Territory Missouri

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:55:03 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Missouri Department of Elementary and Secondary Education**
 - ii. Street Address: **205 Jefferson Street, PO Box 480**
 - iii. City: **Jefferson City**
 - iv. State: **Missouri**
 - v. ZIP Code: **65102**
 - vi. Web Address for Lead Agency: **<https://dese.mo.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Karla**
 - ii. Lead Agency Official Last Name: **Eslinger**
 - iii. Title: **Commissioner of Education**
 - iv. Phone Number: **573-751-4446**
 - v. Email Address: **Commissioner@dese.mo.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Bryon**
- ii. CCDF Administrator Last Name: **Seboldt**
- iii. Title of the CCDF Administrator: **Administrator**
- iv. Phone Number: **573-522-6866**
- v. Email Address: **Bryon.Seboldt@dese.mo.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: **Emily**
 - ii. CCDF Co-Administrator Last Name: **Stafford**
 - iii. Title of the CCDF Co-Administrator: **Program Coordinator**
 - iv. Phone Number: **573-751-8093**
 - v. Email Address: **Emily.Stafford@dese.mo.gov**
 - vi. Description of the Role of the Co-Administrator: **The Co-Administrator is responsible for managing the CCDF State Plan and federal reporting.**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:

- ii. Sliding-fee scale is set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: **The lead agency contracts with a vendor to perform early care and education resource and referral (ECERR) activities. Resource and Referral activities are monitored via monthly meetings between the Lead Agency and contractor, as well as quarterly events, and annual reporting that includes reporting on key metrics, including but not limited to call center hold time and answer frequency, counties in which call originated from, and the total number of children for whole care was requested.**

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **The schedule for completing tasks is included in the ECERR contract.**

☐ No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: **A budget which itemizes categorical expenditures is included in the ECERR contract.**

☐ No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.
[x] Yes. If yes, describe: **Indicators to assess performance are included in the ECERR contract.**
[] No. If no, describe:
- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a

timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **An announcement of the proposed revision to the Missouri CCDF State Plan was sent to various stakeholders of Missouri's childhood system. The Lead Agency ensured representatives from community leadership in all areas of the state as well as local government and municipalities in the St. Louis, Kansas City, and Jefferson City areas received the announcement, shared concerns and suggestions, and were encouraged to attend a public hearing or provide written comments or both, prior to the Lead Agency finalizing the plan.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency presented a summary of the proposed changes to the Missouri's Early Childhood State Advisory Council (ECSAC) on April 15, 2024, prior to posting the draft version for stakeholders online. The presentation included an overview of the recent federal final rule and proposed changes to the 2025-2027 plan, with an opportunity for council members to provide feedback.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **N/A**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **To assist with the development of the Missouri CCDF State Plan, the Lead Agency provided the federal final rule, pre-print, and the state's current plan to key stakeholders of the childhood system, including child and family advocacy organizations (Kids Win Missouri and Child Care Aware of Missouri), the Early Care & Education Research and Referral (ECER&R) agency, Missouri Head Start State Collaboration Office; and Missouri AfterSchool Network. Feedback was solicited from these stakeholders, summarized in the presentation to the Early Childhood State Advisory Council, and incorporated into the plan posted for public comment.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **5/6/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/15/2024**

- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
☒ Yes.
☐ No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The public was notified of the draft plan, comment period, and public hearings through a message to over 12,500 childhood stakeholders in Missouri, including child care providers and community partners who signed up to receive information from the Office of Childhood. Additionally, stakeholders were reminded of these events through a weekly child care message and the Childhood Connections monthly e-newsletter, using the same email distribution list. The draft plan, information on the public comment period, and the public hearings were posted at: <https://dese.mo.gov/childhood/child-care-subsidy/child-care-dev-fund>. The Lead Agency did not receive any requests for the materials related to the public hearing and comment period to be translated into another language.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Five public hearings were held between May 6, 2024, and May 18, 2024. Two hearings were held in person in Jefferson City, Missouri and three hearings were held virtually. A variety of days of the week and times of the day, including weekends, were offered to give the child care community an opportunity to participate during non-operating hours.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The draft state plan was published online at: <https://dese.mo.gov/childhood/child-care-subsidy/child-care-dev-fund>. The state plan is available in English. Using Google Chrome allows users to translate the document into another language. Upon request, the Lead Agency provides a translator to interpret the state plan.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **During the public hearings, the general public had an opportunity to ask clarifying questions and provide additional comments. The Lead Agency considered and responded to all comments. A complete list of all comments and Lead Agency responses are posted online at: <https://dese.mo.gov/media/pdf/child-care-and-development-fund-state-plan-fy-2025-2027-public-comment-summary>. In the final version of the state plan, the Lead Agency corrected formatting, grammatical errors, and names of groups/organizations as per comments received; however, there were no significant changes to policies, which the Lead Agency attributes to ongoing stakeholder engagement in the development of the draft state plan.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://dese.mo.gov/childhood/child-care-subsidy/child-care-dev-fund>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. ☒ Working with advisory committees. Describe: **The Lead Agency included Missouri’s Early Childhood State Advisory Council (ECSAC) members in the notice that the draft plan was posted, and the public comment period was open.**
 - ii. ☒ Working with child care resource and referral agencies. Describe: **The Lead Agency included the Early Care & Education Resource and Referral contractor in the notice that the draft plan was posted, and the public comment period was open.**
 - iii. ☒ Providing translation in other languages. Describe: **Posting the plan online allows users to use Google Chrome to translate to other languages as needed.**
 - iv. ☐ Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The Lead Agency included Missouri Head Start State Collaboration Office, Early Childhood Comprehensive Systems Advisory Council, Parent Advisory Council, statewide childhood community leaders, Department of Mental Health, Missouri Association for Infant and Early Childhood Mental Health, and other advocacy groups in the notice that the draft plan was posted, and the public comment period was open.**
 - vi. ☒ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Lead Agency included the Missouri AfterSchool Network in the notice that the draft plan was posted, and the public comment period was open.**
 - vii. ☒ Direct communication with the child care workforce. Describe: **The Lead Agency included current licensed, license-exempt, and subsidy-contracted child care providers in the notice that the draft plan was posted, and the public comment period was open.**
 - viii. ☐ Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **The Lead Agency has a Memorandum of Understanding (MOU) with the Department of Social Services (DSS) to share and match data for Temporary Assistance for Needy Families (TANF) and Supplement Nutrition Assistance Program (SNAP). On the application, applicants can specify if they are participating in other public assistance programs that may qualify them for child care assistance. Families who are TANF participants are considered categorically eligible for child care assistance.**
 - iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **The Lead Agency has policies and procedures for Eligibility Specialists to use that ensures the addition of subsidy-eligible child(ren) who need child care assistance extends the family's eligibility period to align with the 12-month eligibility period for the most recent child receiving assistance.**
 - iv. ☒ Self-assessment screening tools for families. Describe: **The Lead Agency provides a pre-screen function that allows families to enter brief information to**

determine if they may qualify for child care assistance. This pre-screen capability was promoted throughout the state using this informational flyer with a Quick Response (QR) code for ease of access: <https://dese.mo.gov/media/pdf/do-you-need-child-care-assistance-flyer>.

- v. ☒ Extended office hours (evenings and/or weekends).
 - vi. ☐ Consultation available via phone.
 - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The Lead Agency has a Memorandum of Understanding (MOU) with the Department of Social Services (DSS) to share and match data for Temporary Assistance for Needy Families (TANF) and Supplement Nutrition Assistance Program (SNAP). The Lead Agency requires a 15-day processing timeframe for eligibility determinations. The subsidy eligibility team assigns staff to cases based on specialized tasks (e.g., protective services cases, current income-based cases, change requests) to assist with processing applications more accurately and efficiently. When a team has a high volume of applications, team members who are cross trained in various cases are able to assist to help keep the workload manageable.**
 - viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
- ☒ Yes.
- ☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies:
- ☒ No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. ☒ Advance notice to parents of pending redetermination.
 - ii. ☐ Advance notice to providers of pending redetermination.
 - iii. ☒ Pre-populated subsidy renewal form.
 - iv. ☒ Online documentation submission.
 - v. ☐ Cross-program redeterminations.
 - vi. ☒ Extended office hours (evenings and/or weekends).
 - vii. ☐ Consultation available via phone.
 - viii. ☒ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:

- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies:
- ☒ No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

☒ Yes.

☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Mental or physical incapacity is a physical or mental condition that limits activities and will last or continue to last, for at least one year or could result in death, as defined by the Social Security Administration; a child identified by a medical professional as having a disability or mental health condition requiring early intervention, special education services, or other specialized services and supports; a child identified by a medical professional as having any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine causing a significant delay in a child's cognitive, behavioral, emotional, or social development in comparison with normal development standards.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
- ☐ No.
- ☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: **The Lead Agency does not define “residing with” exclusively. Instead “residing with” is addressed in the eligibility unit criteria as follows: Eligibility Unit means people living in the same household, whose needs and income shall be considered when determining eligibility for Child Care Subsidy, including: (A) The child for whom care is requested; (B) The child’s parents (whether married or unmarried); (C) The child’s parent’s spouse; (D) The child’s biological, step-, half-, or adopted sibling(s) under eighteen (18) years of age; (E) The unmarried parental partner who is the parent of the child’s sibling; (F) The child under eighteen (18) years of age of the unmarried parental partner; (G) The Non-Parent Caretaker Relative (NPCR) if no biological or adoptive parent or legal guardian resides in the household; and (H) A school age child, who is also the parent of a child in the same home, has the option of being a separate family unit for purposes of determining eligibility for Child Care Subsidy.**
- ii. “in loco parentis”: **The Lead Agency does not define “in loco parentis” exclusively. Instead, the term is defined under parent as follows: Parent means a child’s biological parent whose parental rights have not been terminated, a step-parent, an adoptive parent, a legal guardian, a caretaker relative, or other person standing in loco parentis for the child who has applied for Child Care Subsidy.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
- i. ☒ An activity for which a wage or salary is paid.
- ii. ☒ Being self-employed.
- iii. ☒ During a time of emergency or disaster, partnering in essential services.
- iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.
- v. ☒ Time for meals or breaks.

- vi. ☒ Time for travel.
 - vii. ☒ Seeking employment or job search.
 - viii. ☐ Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
 - ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☒ English as a Second Language training.
 - iv. ☒ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☒ Time for meals and breaks.
 - vii. ☒ Time for travel.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☒ Time for outside class study or completion of homework.
 - x. ☐ Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☒ Travel to and from classrooms, labs, or study groups.
 - vii. ☒ Study time.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☒ Time for outside class study or completion of homework.
 - x. ☒ Applicable meal and break times.
 - xi. ☐ Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☒ No.
- ☐ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:

☐ Work. Describe:

☐ Job training. Describe:

☐ Education. Describe:

☐ Combination of allowable activities. Describe:

☐ Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

☒ Yes.

☐ No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☒ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☐ Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.)

requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

☒ No.

☐ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4224.96	43.00	1823.00
2	5524.94	45.00	2465.00
3	6824.93	46.00	3108.00
4	8124.92	46.00	3750.00
5	9424.90	47.00	4392.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above SMI and

includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
5			

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:
- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☒ Inheritance.
- ix. ☒ Public assistance.
- x. ☐ Other. Describe:
- d. What is the effective date for these income eligibility limits? **10/1/2023.**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**
- ☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://dese.mo.gov/media/pdf/october-2023-child-care-subsidy-income-limits-and-sliding-fee-chart-0>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. ☐ Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☒ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
☒ Yes.
☐ No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
☐ No.
☒ Yes. If yes, describe the policy or procedure: **For children who meet the definition of protective services, the following categories shall be a qualifying activity or valid need: (1) Children in the legal custody of the Department of Social Services, Children's Division pursuant to an order of the juvenile court; or (2) Children who are the subject of a current adoption or guardianship subsidy agreement with the Children's Division; or (3) Children with an active family centered services or intensive in home services case with the Children's Division; or (4) children experiencing homelessness.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☒ Eligibility determination? If checked, describe: **(1) Applicants must be residing with the child and a parent of the child as explained in the definition of an 'eligible unit' in 5 CSR 25-200.050. (2) The child must be between the age of birth and the day up to the child's 13th birthday; or ages 13 through 17 with a special need; or under age 19 and still in school with a special need; or protective service child through the ages of 13 and 18 with a special need. (3) The child must be a U.S. citizen or a qualified alien. (4) Child must be a**

Missouri resident with the intent to remain in the state at the time of application and re-application.

- b. **[x]** Eligibility redetermination? If checked, describe: **The conditions for eligibility determination listed above also apply to the redetermination as well. In addition, if the participant exceeds the traditional income limit of 150% FPL, the participant is considered for benefits at the transitional level, up to the 242% FPL.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: The applicant's statement of identity is accepted unless the Lead Agency receives contradictory information. All names and signatures are checked to ensure they are consistent on all requested documents.
[x]	[x]	Applicant's relationship to the child. Describe how you verify: The applicant's statement of relationship is accepted unless the Lead Agency receives contradictory information.
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The applicant's statement of the child's information is accepted unless the Lead Agency receives contradictory information.
[x]	[x]	Work. Describe how you verify: Employment must be verified by pay check stubs, a letter, on company letterhead from the employer.
[x]	[x]	Job training or educational program. Describe how you verify: Participation in job training or an education program may be verified by letter on training program/ educational program letterhead, training program schedule, school schedule, student income verification form, receipts for fees paid to education programs, or a telephone call to someone with the training program or educational program.
[x]	[x]	Family income. Describe how you verify: Income must be verified by pay check stubs, a letter on company letterhead from an employer with wage information.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Household composition. Describe how you verify: The applicant's statement of household composition is accepted unless the Lead Agency receives contradictory information.
[x]	[x]	Applicant residence. Describe how you verify: Residency is verified by documentation listing the name of the applicant and physical address (i.e., lease, rental agreement, mortgage statement, utility bill, school, or child records) as long as the documentation is dated within the previous 60 days; or a collateral statement from a community agency verifying the applicant and child's physical address.
[]	[]	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Department of Social Services, Family Support Division**
- b. Provide the following definitions established by the TANF agency:
 - i. **"Appropriate child care": A child care provider who is: licensed by the Lead Agency and contracted with the Lead Agency; determined to be license-exempt by the Lead Agency and contracted with the Lead Agency; caring for six (6) or fewer children not related to the child care provider within the third degree by blood, marriage, or adoption and registered and contracted with the Lead Agency, in accordance with 5 CSR 25-200.070; or An out-of-state child care provider licensed or exempt from licensure, based on that state's license requirements, and registered and contracted with the Lead Agency; or is under the jurisdiction of a military base and is contracted with the Lead Agency.**
 - ii. **"Reasonable distance": If travel time is required, the authorization can include the time the parent travels from the child care provider to work, job training or other activity and from work, job training or other activity to the child care provider. Authorize travel time a maximum of one hour each way based on reasonable need taking into consideration distance, mode of travel and time of day travel occurs.**
 - iii. **"Unsuitability of informal child care": Per 13 CSR 40-2.315(11)(G)6, unsuitability of informal child care means that the participant believes the child is at risk of abuse or neglect while being cared for by the provider. A participant shall not be required to use a provider with whom the participant has reason to believe will abuse or neglect the child. If another adult is residing in the household, but the**

participant does not believe the other adult is suitable, the participant must provide a reasonable statement as to why the other adult(s) is unsuitable, or why this adult places the child at risk of abuse or neglect.

- iv. **“Affordable child care arrangements”:** Child care is considered affordable when the cost of care does not exceed 20% of a family's gross income less medical insurance premiums. The 20% amount includes any sliding fee a family may be required to pay, but does not include any federal, state, or local child care subsidies.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. ☒ In writing
 - ii. ☐ Verbally
 - iii. ☐ Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.”** In Missouri, a child with special needs is under the age of 18, or under the age of 19 and still in school, who meets one (1) or more of the following verified criteria: A child receiving Supplemental Security Income (SSI); a child receiving services through the Department of Mental Health; a child with a physical or mental disability or delay verified in writing by a medical professional or mental health professional; a Protective Service Child; An Adoption Subsidy Child; or a child under court-ordered supervision. Child care rates for children classified as having special needs are paid at the rate of the child's "functional age," and child care providers providing care to children classified as having special needs are paid a 25% rate differential.
- e. **“Families with very low incomes.”** Families with very low incomes are defined as families with income less than 30% of the State Median Income (SMI), or approximately 100% FPL.

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **For children who meet the definition of protective services, the Lead Agency expedites the child care assistance process as these families are not required to demonstrate a financial need and are not subject to the eligibility unit's income maximums.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **When families are found to be eligible for child care subsidy, homelessness is a valid need for child care and children are**

authorized for 23 full-time days while the family obtains any requested documentation. Legislation allows for a 30-day grace period to allow families to secure immunizations or documentation of immunizations. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently require providers who serve fewer than 10 children to allow a grace period for immunizations for all children experiencing homelessness or in foster care. The Lead Agency will need additional time to meet this requirement, as it involves a change to the subsidy provider terms and conditions or change in statute.

- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

- i. Provide the policy for a grace period for:

Children experiencing homelessness: **Any child who is homeless or in the custody of the Children's Division and cannot provide satisfactory evidence of the required immunizations may be enrolled in child care.** As noted above, § 210.003.2(3), RSMo, provides that satisfactory evidence shall be presented within 30 days of enrollment and shall confirm either that the child has completed all immunizations appropriate for his or her age or has begun the process of immunization. If the child has begun the process of immunization, he or she may continue to attend as long as the process is being accomplished according to the schedule recommended by the Department of Health and Senior Services. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently require providers who serve fewer than 10 children to allow a grace period for immunizations for all children experiencing homelessness or in foster care. The Lead Agency will need additional time to meet this requirement, as it involves a change to the subsidy provider terms and conditions or change in statute.

Children who are in foster care: **Any child who is homeless or in the custody of the Children's Division and cannot provide satisfactory evidence of the required immunizations may be enrolled in child care.** As noted above, § 210.003.2(3), RSMo, provides that satisfactory evidence shall be presented within 30 days of enrollment and shall confirm either that the child has completed all immunizations appropriate for his or her age or has begun the process of immunization. If the child has begun the process of immunization, he or she may continue to attend as long as the process is being accomplished according to the schedule recommended by the Department of Health and Senior Services. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently require providers who serve fewer than 10 children to allow a grace period for immunizations for all children experiencing homelessness or in foster care. The Lead Agency will need additional time to meet this requirement, as it involves a change to the subsidy provider terms and conditions or change in statute.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?
☒ Yes.
☐ No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Lead Agency coordinates with the Missouri Department of Health and Senior Services, Bureau of Immunizations and refers families and providers to their website for information about immunizations. The website <https://health.mo.gov/living/wellness/immunizations/index.php> contains information about vaccines for children and information about free vaccines.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. ☒ Informational materials in languages other than English.
 - iii. ☐ Website in languages other than English.
 - iv. ☐ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☐ Bilingual outreach workers.
 - vii. ☐ Partnerships with community-based organizations.
 - viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☐ Home visiting programs.
 - x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

- iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
- iv. ☐ Ensuring accessibility of environments and activities for all children.
- v. ☐ Partnerships with State and local programs and associations focused on disability- related topics and issues.
- vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. ☒ Other. Describe: **The Lead Agency and the Early Care & Education Resource and Referral (ECER&R) contractor utilize the TTY to communicate with the hearing impaired.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. ☐ Lead Agency accepts applications at local community-based locations.
 - ii. ☒ Partnerships with community-based organizations.
 - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. ☐ Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency offers a course on Caring for Vulnerable Children through the Missouri Professional Development System that focuses on caring for children experiencing extreme poverty, homelessness, foster care, and loss. This course offers a starting place for strategies, services, and supporting and how these experiences impact learning, development, and behavior.**
 - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The Lead Agency provides a poverty simulation activity for staff in the Office of Childhood who oversee programs that serve children and families living in poverty or at high risk for homelessness. During the poverty simulation, staff take the identity of someone living in poverty and in simulated communities**

that have varying resources, in order to sensitize staff to the realities of poverty and homelessness.

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **In order to ensure continuity of care for all children, the Lead Agency sends reminder notices to families in advance of the renewal period. These notices are sent to families at both the 60- and 30-day mark. This allows families ample time to gather necessary information to submit the application to continue their child care assistance, if eligible. These notices are sent to families via the online child care data system (CCDS) portal, as well as email. In addition, to simplify the renewal process for all participants, the online renewal application is prefilled with all previously reported data from the last eligibility period and only requires new information as it relates to income/household size and need for child care.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
☒ Yes.
☐ No. If no, describe:
 - b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?
 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe:

- c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **The Lead Agency recognizes job search as a valid need for care. The participant will remain eligible for the entire 12-month period; however, the participant receives an initial 90-day authorization for part time care during this time.**
- ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **The Lead Agency recognizes job search as a valid need for care. However, the participant may not use job search as the primary need in two consecutive eligibility periods. If the participant submitted a new need for care during their initial eligibility period, then they can select "my job, school, or training has ended, and I am looking for work" in their renewal application. This will allow the participant to have a 90-day authorization for full time care during this time.**
- iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Circumstances for discontinuing assistance due to a parent's non-temporary change include: (1) gross monthly income exceeding 85% of the SMI for the household size; (2) child care need has ended for more than 90 days without another need; (3) no eligible child remains in the home; (4)**

eligibility unit has not paid sliding fees to a child care provider; or (5) eligibility unit has an active claim and has not entered into a repayment agreement or the eligibility unit is not making payments on an agreement plan. Upon notification of the non-temporary change, eligibility would end at the end of the service month.

- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Actions/changes that trigger the job search period after each such loss or cessation include when a parent eligible for Child Care Subsidy reports (or it is discovered) the loss of employment or the discontinuation of an educational program.**
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **The job search period begins at application or on the date of loss of need and continues until the last day of the third full month of services.**

- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- i. ☐ Not applicable.
- ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

- iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Once the participant notifies the Lead Agency of a change in residency outside of the state of Missouri, the Lead Agency will review the change in information. If this is found to be an accurate request, the Lead Agency will close the participant's benefit case.**

- iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Intentional Violation means the receipt of any benefit through the wrongful acquisition or issuance of Child Care Subsidy payment for child care services by the Lead Agency through false representation or concealment of material facts by the participant, eligibility unit, child care provider, or any other representatives. These actions may include, but are not limited to: (A) Submission of inaccurate information for the purpose of obtaining compensation for which the child care provider is not legally entitled; (B) Charging the Lead Agency an amount higher than what is charged for private pay participants for the same child care services; (C) Failure to maintain the Child Attendance Record by the eligibility unit as specified by**

the Lead Agency; (D) Improper billing practices that do not comply with the child care provider's agreement or that do not comply with state or federal laws and regulations governing child care services; (E) False or misleading statements, oral or written, regarding the participant's income or other circumstances that affect eligibility or the amount of subsidy received; or (F) Failure to timely report changes in income or other circumstances that affect eligibility or the amount of subsidy received.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☒ Yes.

☐ No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined

eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☒ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **\$3,109-\$3,833 and 50%-60% SMI.**
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The gradual phase out process begins at the Transitional child care level of 151% of the federal poverty level (FPL) and ends at 185% FPL. Transitional Child Care Level 2 begins at the 186% FPL and ends at 215% FPL. The Lead Agency offers a third level of Transitional child care that begins at 216% FPL and ends at 85% SMI or approximately 242% FPL. This allows households who entered the subsidy program at a low-income to gradually earn more income and still be eligible for child care assistance.**
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **Transitional child care levels are the gradual phase out process for families experiencing an increase in income. An Eligibility Unit may be allowed a gradual phase out of child care assistance if the family first entered at the Traditional level of at or below 150% FPL, and their**

income has increased but remains less than the upper income limit (i.e., 85% SMI or approximately 242% FPL) for the third Transitional child care level. This allows households who entered the subsidy program at the first level to gradually earn more income and still be eligible for child care assistance while they are holding a stable job or going to school.

- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **Families are notified 60 and 30 days prior to the expiration date, to ensure adequate time to renew their child care. Income increases under 85% of the SMI for the household size do not adversely affect a family's eligibility, meaning the family continues to receive the same benefit if determined eligible under the Transitional child care. If an income change will negatively impact the family, then the income change is not acted upon until the next eligibility redetermination period. The range of sliding fees in the first tier of eligibility is from \$1.00 a year to \$5.00 a day for full time care. The range of sliding fees in the second tier of eligibility is from \$7.50 to \$10.00 a day for full time care. There are sliding fees for half day and part day that have a similar structure based on the household size and income.**
- v. ☒ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **The Lead Agency has three levels of Transitional child care assistance. Each level has a set sliding fee amount that is based on the household size and income.**
- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for too many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead

Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The current maximum co-payment is 6.3% per child. The Lead Agency will submit a waiver request for additional time to implement this provision.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
☒ Yes.
☐ No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?
☒ Yes.
☐ No. If no, describe how the sliding fee scale is set:
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	418.00	11.50	2.60	1823.00	115.00	6.30
2	546.00	11.50	2.10	2465.00	115.00	4.70
3	675.00	11.50	1.70	3108.00	115.00	3.70
4	803.00	11.50	1.40	3750.00	115.00	3.10
5	931.00	11.50	1.20	4392.00	115.00	2.60

- c. What is the effective date of the sliding-fee scale(s)? **10/01/2023.**
- d. Provide the link(s) to the sliding-fee scale(s): **<https://dese.mo.gov/media/pdf/october-2023-child-care-subsidy-income-limits-and-sliding-fee-chart-0>**
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?
- ☐ No.
- ☒ Yes.
- If yes:
- Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Lead Agency allows child care providers to charge income-eligible families an additional amount above the required sliding fee as long as the total amount collected (e.g., the reimbursement rate paid by the Lead Agency plus the sliding fee paid by the family, and plus any additional amount paid by the family) does not exceed the provider's normal rate for non-CCDF families. The Lead Agency recognizes that many child care providers are small business owners and, as such, are entitled to set their rates accordingly. The subsidy reimbursement is not intended to cover the entire rate as set by the provider; however, that rate set by the provider must be at a level that is affordable to subsidy-eligible families. Additionally, by allowing providers to charge an additional amount above the sliding fee, families have the opportunity to access higher quality, and a wider variety of care.**
 - Provide data (including data on the size and frequency of such amounts) on the

extent to which CCDF providers charge additional amounts to families: **The Lead Agency does not collect data on the additional amounts providers charge families above the required co-payment.**

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. ☒ The fee is a dollar amount and (check all that apply):
- ☒ The fee is per child, with the same fee for each child.
 - ☐ The fee is per child and is discounted for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional fee is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
- ii. ☐ The fee is a percent of income and (check all that apply):
- ☐ The fee is per child, with the same percentage applied for each child.
 - ☐ The fee is per child, and a discounted percentage is applied for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional percentage is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- ☐ No.
- ☒ Yes.
- If yes, check and describe those additional factors below:

- i. ☒ Number of hours the child is in care. Describe: **Fees for half-time and part-time care are less than fees for full-time care.**
 - ii. ☐ Quality of care (as defined by the Lead Agency). Describe:
 - iii. ☒ Other. Describe: **The Lead Agency waives co-payments for families who meet the definition of protective services or have children with special needs.**
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☐ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☒ Families experiencing homelessness.
- iv. ☒ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **A sliding fee shall not be charged to families who meet the definition of protective services or have children with special needs.**
- vii. ☐ Families meeting other criteria established by the Lead Agency. Describe the policy:

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **During the public comment period, it was suggested that the Lead Agency increase child care subsidy rates, find more subsidy providers in rural communities and desert areas, eliminate co-payments or waive them for families enrolled in Head Start. With the transition to the new Child Care Data System, we have heard provider comments that payments need to be made in a more timely manner and the application process was difficult to follow in the beginning.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
☒ Yes.
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
☒ Yes.
☐ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based

providers; centers; family child care homes; or in-home providers: **The certificate is not linked to a specific provider, parents may choose any provider who is contracted to receive child care subsidy funds. Parents may use the online child care database to identify a provider that meets their needs or call the ECER&R call center to receive live assistance by phone. The Lead Agency contracts with the ECER&R to maintain a comprehensive and up to-date online database of child care providers in Missouri. This database allows parents to search by criteria such as subsidy acceptance, facility type, accreditation and licensing status, hours of operation, scheduling needs (full time, part time, and non-traditional hours), payment assistance options, curriculum, , transportation options, and services to support children with special needs. The Lead Agency also requires the ECER&R to operate a staffed call center during weekday and weekend hours to assist parents in identifying the providers that best meet their family's needs. ECER&R staff inform and educate parents about their options for child care in their community.**

- e. Describe what information is included on the child care certificate: **Upon determining eligibility, families will receive a letter notifying them of the approval of child care subsidy. The letter will state the name of the child authorized, the units they are eligible for and the time frame of the eligibility. A family can choose a provider during the eligibility process and have the child authorized to the provider at the time of the eligibility determination or they can choose a provider after they have been determined eligible and receive their eligibility letter.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for

this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☒ Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **The most recent market rate survey was completed April 1, 2024. The survey was available for providers to respond to from February 1, 2024, through April 1, 2024.**
- b. ☐ ACF pre-approved alternative methodology.
- i. ☐ The alternative methodology was completed.
- ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **The Lead Agency created a MRS stakeholder group to help develop the 2024 survey. A representative from**

the Early Childhood State Advisory Council was included in the group and given an opportunity to review and provide feedback to the Lead Agency.

- iv. Local child care program administrators: **The Lead Agency created a MRS stakeholder group to help develop the 2024 survey. The group consisted of 18 child care program owners or directors who were given an opportunity to review and provide feedback to the Lead Agency.**
 - v. Local child care resource and referral agencies: **The Lead Agency created a MRS stakeholder group to help develop the 2024 survey. A representative from the current ECER&R agency at the time the group was formed was included in the group and given an opportunity to review and provide feedback to the Lead Agency.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Lead Agency created a MRS stakeholder group to help develop the 2024 survey. There were 7 representatives in the group from family home and six or fewer programs who were given an opportunity to review and provide feedback to the Lead Agency.**
 - vii. Other. Describe: **The MRS stakeholder group also included one parent, Child Care Aware of Missouri, and a representative from an advocacy organization, Kids Win Missouri, who were given an opportunity to review and provide feedback to the Lead Agency.**
- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **4/1/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The survey was available for provider to respond from February 1, 2024, through April 1, 2024.**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Lead Agency conducted a survey for licensed and license exempt child care providers, with a target of approximately one-third of all child care providers in the state completing the survey, in order to be considered statistically valid. Together with its vendor and advisory group, the Lead Agency drafted a survey instrument that captured information on rates, enrollment, general demographics, subsidy participation, other fees, salaries and wages, education level, and program accreditation.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **To administer the 2024 MRS, the Lead Agency contracted with an agency, Public Consulting Group (PCG), who used a list of active licensed and license-exempt child care providers maintained by the Lead Agency as the primary source of providers to contact. This list was supplied to PCG's call center in Microsoft Excel, which were maintained and updated in a secure Microsoft 365 cloud environment, and**

accessible through Microsoft Teams. Staff made calls to providers using a telephony platform, which tracked calls and their respective results. Survey responses were collected in a survey platform for analysis. All data in these third-party platforms were maintained in their respective secure cloud environments.

- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **In partnership with a stakeholder group formed to review and revise the Market Rate Survey, the Lead Agency piloted and launched an updated Market Rate Survey in February 2024. Survey questions were designed and organized to be easily understood by the provider community and to collect the most critical information first in case a user ended the survey before the completion of all items. Communications promoting the survey were sent through narrow channels specifically to providers that are regulated by the Lead Agency. To submit a survey, a provider had to submit a unique identifier to start the survey, and additional information was collected in the survey to further verify the response. All data collected through the survey were ultimately entered into a web portal that standardized responses within specifically laid out formats to allow for common analysis for various types of care and other variables. Responses have been reviewed for reasonableness based on a set of standard measurements, and statistical outliers were removed from analysis.**
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **43.00**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **31.00**
- viii. Describe if the survey conducted in any languages other than English: **The 2024 MRS was conducted in English and Spanish. The Lead Agency offered translation services for those participants who required additional languages through the Lead Agency's contractor, Language Link.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **The Lead Agency has not completed the data analysis at this time.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The Lead Agency has not completed the data analysis at this time.**
- e. Price variations reflected.
The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
 - i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The Lead Agency has not completed the data analysis at this time.**
 - ii. Describe how the market rate survey or pre-approved alternative methodology

reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The Lead Agency has not completed the data analysis at this time.**

- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The Lead Agency has not completed the data analysis at this time.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Lead Agency has not completed the data analysis at this time.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency has not completed the data analysis at this time; however, the 2022 survey data was used to populate the base rate table.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The Lead Agency has not completed the data analysis at this time; however, the 2022 survey data was used to populate the base rate table.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The Lead Agency has not completed the data analysis at this time.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Lead Agency has not completed the data analysis at this time.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information?

The Lead Agency has not completed the data analysis of the 2024 survey at this time; however, the 2022 survey data was used to populate the base rate table.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **6/6/2022**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/30/2022**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The Lead Agency has not completed the data analysis of the 2024 survey at this time; however, the 2022 MRS is available at: <https://dese.mo.gov/media/pdf/2021-2022-child-care-market-rate-survey>.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **Child care providers, ECER&R agency, and other advocates were consulted prior to creating the survey, as part of the MRS stakeholder group. The group reviewed and revised the questions and structure of the survey prior to the Lead Agency disseminating the survey. The group also reviewed rate structures used in other states in comparison to the current structure and provided feedback to the Lead Agency on how to simplify the state's current rate structure. These suggestions will be incorporated into the implementation of the 2024 MRS, once data collection and analysis is complete.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

☒ Yes.

- i. If yes, check if the Lead Agency:

☐ Sets the same payment rates for the entire State or Territory.

☒ Sets different payment rates for different regions in the State or Territory.

☐ No.

- ii. If no, identify how many jurisdictions set their own payment rates:

- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The Lead Agency publishes daily rates for child care subsidy at: <https://dese.mo.gov/media/file/2023-child-care-subsidy-rate-changexlsx>. To determine the weekly rates in the following chart, the Lead Agency multiplied the daily rate by five.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	90.00 Per Day	53.00	450.00	100.00	270.00	294.80	342.80		
Family Child Care for Infants (6 months)	59.09 Per Day	53.00	295.45	100.00	175.00	175.00	196.25		
Center Care for Toddlers (18 months)	90.00 Per Day	53.00	295.00	100.00	270.00	294.80	342.80		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)	59.90 Per Day	53.00	295.45	100.00	175.00	175.00	196.25		
Center Care for Preschoolers (4 years)	42.00 Per Day	53.00	210.00	65.00	190.00	200.00	240.00		
Family Child Care for Preschoolers (4 years)	34.00 Per Day	53.00	170.00	65.00	150.00	166.00	175.00		
Center Care for School-Age (6 years)	30.00 Per Day	53.00	150.00	65.00	150.00	150.00	173.25		
Family Child Care for School-Age (6 years)	30.30 Per Day	53.00	151.50	65.00	130.00	140.00	170.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☐ Yes.

☒ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: **The rate table above is based on the 2022 MRS. Although the data collection for the MRS was completed in 2024, the results are not included in the plan, as an analysis of the data has not been completed due to additional verification of provider responses needed in order to ensure the data are valid and reliable prior to calculating the rates.**

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

☐ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

☒ No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. ☒ Differential rate for non-traditional hours. Describe: **The Lead Agency has a 15% rate differential for evening and weekend care. Non-traditional care is considered as care beginning or ending during the timeframe of 7:01 p.m. to 5:59 a.m. and Saturday 6 a.m. through Monday 5:59 a.m. The rate differential is based on the 2022 MRS and is subject to appropriation.**
- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency has a 25% rate differential for children who meet the definition of special needs. The rate differential is based on the 2022 MRS and is subject to appropriation.**
- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: **The Lead Agency has a 20% rate differential for programs accredited by state recognized accrediting bodies. The rate differential is based on the MRS and is subject to appropriation.**
- vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **The Lead Agency offers two different methods of supporting child care programs when more than half of the children in their total enrollment are eligible for subsidy:**
 - 1. **The Lead Agency has a 30% rate differential for programs providing care when more than half of the children in their total enrollment are subsidy eligible (i.e., disproportionate only). This rate differential has not been offered to new programs after 2003. Any providers that originally received the 30% rate differential for disproportionate were grandfathered in and some programs still**

receive it.

2. The Lead Agency has a 50% rate differential for programs providing care when more than half of the children in their total enrollment are subsidy eligible, and the program is accredited, or working towards accreditation, by a state recognized accrediting body. This rate differential is not to be combined with the accreditation differential in section (v.) or the disproportionate differential in section (vi.)(1) described herein. The rate differential is effective October 1, 2024, based on the MRS and is subject to appropriation.

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☒ Yes. If yes, describe: **If the child care provider charges private pay children less than the state base rate for the provider, the provider notates this in their account, and the Lead Agency pays the provider at the rate they charge private pay children.**

☐ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency conducted a market rate survey in 2022, which was accompanied by a smaller-scale cost of care survey that asked providers to detail program expenses and revenues. Current rates are set using the 2022 market rate survey results, where infants and toddler rates are paid at the 100th percentile of the market, and preschool and school aged rates are paid at the 65th percentile of the market (according to the 2022 survey). The Lead Agency's goal is to continue to increase rates, based on analyses of future MRS results and available funding, until the 75th percentile is reached, where the 75th percentile is typically seen as providing equitable access to families to attain safe, high-quality care. The smaller-scale 2022 cost of care survey examined provider wages as well as non-personnel expenses including, but not limited to, rent and facility costs, technology, staff training, costs to pursue and/or maintain program accreditation, among other costs. The Lead Agency compared programs' average annual personnel costs, capacity/enrollment, education levels, and other non-personnel expenses to what the base 100th and 65th percentiles of market rates would pay, found that these subsidy rates reasonably covered the cost to provide care to children of these age groups. Most importantly, paying at the 100th percentile of infant and toddler rates will compensate providers for the age groups that are the highest cost drivers to programs, given personnel/ratio requirements.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Payment rates have been increased to the 100th percentile for infants and toddlers and the 65th percentile for preschool age children. These rates, combined with incentives offered for weekend and evening care,**

accreditation, disproportionate share for serving more than half the children in their enrollment are subsidy-eligible, and an incentive for serving special needs children results in a higher payment for providers. In addition to providing add-on incentive rates, the Lead Agency evaluated the reported costs around personnel and non-personnel expenses to programs. In evaluating these costs, the Lead Agency believe that these rates reasonably compensate providers to maintain adequate health, safety, quality, and staffing requirements.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **In Missouri, understanding the cost of child care is necessary to set subsidy rates that truly reflect the economic realities of providing quality child care. This alignment helps stabilize the child care sector, ensuring its viability and the well-being of children and families who depend on these essential services. Thus, regular and thorough cost analysis linked with subsidy adjustments provide a more sustainable child care ecosystem and contribute to broader economic stability. The Lead Agency's 2024 market rate survey incorporated detailed cost of care-related questions to a greater extent than in 2022, with the intention of gathering a much greater volume of data around program expenses. In particular, the data collected will be able to estimate a weighted cost per child by program type. Using reported enrollment and staffing data at the program level, combined with average program expenses, the Lead Agency will calculate the average annual cost to caring for a child. This cost per child will be evaluated against an annualized subsidy rate, weighted by age group.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency pays the accreditation rate differential above the base rate for any program who is accredited, or working towards accreditation, by a state recognized accrediting body.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact

payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Currently, the Lead Agency pays providers the month after child care services are delivered. The Lead Agency ensures providers have a current written agreement (i.e., contract) and a valid authorization for child care assistance, prior to receiving funds. Once a provider submits a complete request for payment (e.g., attendance record), the request is processed within three business days and payment is generated to the provider's banking institution on file within 7-10 business days. The Lead Agency has not conducted prospective payments to date; therefore, the Lead Agency will need to establish policies and procedures for implementing prospective payments in the future. To establish a definition of prospective payments, the Lead Agency will form a stakeholder group, including child care providers, advocacy organizations, and financial/budget staff, to discuss and provide a recommendation for prospective payments. The Lead Agency will also need to determine whether additional funds are needed to pay prospectively, and plan accordingly. The Lead Agency will submit a waiver request for additional time to implement paying providers prospectively.**

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

☐ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

☒ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **Currently, the Lead Agency pays providers based on a child's attendance in their child care program. The Lead Agency ensures providers have a current written agreement (i.e., contract) and a valid authorization for child care assistance, prior to receiving funds. The provider submits attendance for the child at the beginning of each month, for the prior service month. Once a provider submits the**

attendance record, the request is processed within three business days and payment is generated to the provider's banking institution on file within 7-10 business days. The Lead Agency previously conducted pay on authorized enrollment procedures as part of the child care Coronavirus Response and Relief Supplemental Act (CRRSA) grant funds and is able to estimate the cost associated with paying on authorized enrollment instead of attendance. However, considering the current state appropriation, there are insufficient funds in state fiscal year 2025 to implement pay on authorized enrollment. The Lead Agency will submit a waiver request for additional time to implement paying providers by authorized enrollment.

☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

☒ Yes.

☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

☐ Yes. If yes, identify the fees the Lead Agency pays for:

☒ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **The Lead Agency does not currently pay for registration fees. The Lead Agency has not completed the analysis of the 2024 MRS data at this time; however, preliminary data from the survey shows less than half of the respondents indicated they charge registration/enrollment fees; therefore, it is not considered a generally accepted payment practice. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024. As the Lead Agency has never paid registration fees, it will need additional time to determine the additional funds needed and to establish policies and procedures for paying registration fees in the future.**

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Providers in Missouri must enter into a contract with the Lead Agency in order to receive payment for subsidy-eligible**

children who receive child care in their facility. The terms and conditions of the contract include a section on payment and invoicing, which specifies all requirements of contracted providers in order to receive payment. The authorization for child care assistance is based on the family's need for care and the age of the eligible child. Payments are made in accordance with the provider type and the rates for the county in which the program is located. When the parent selects the child care program the child will attend, the provider is notified that the child is eligible to receive child care subsidy, the number of days the child is authorized for, and the sliding fee amount the family is responsible to pay.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **The Lead Agency immediately notifies the child care provider of changes to the family's eligibility that could impact payments to the provider. This notification occurs in two ways: via an email to the provider and a notification to the provider's portal in the child care data system (CCDS). In addition, the provider can view the child's eligibility at any time in the CCDS portal. The eligibility and authorization information allows the provider to view whether the child is eligible for daytime and/or evening and weekend units, and family's sliding fee. In addition, the provider's CCDS portal indicates the child's eligibility start and end dates that align with the authorization start and end dates.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Child care providers must report payment discrepancies within 60 days of the service month and submit a Child Care Provider Payment Resolution Request (PRR) Form to the Lead Agency to request payment. Payment resolution requests are generally reviewed by the Lead Agency within 30 calendar days of receipt, and payment is made within 7 to 10 business days from the receipt and review of a complete request. If a provider disagrees with a payment, or denial of payment, the provider can appeal the decision through an administrative review of the information by the Lead Agency. The Program Integrity Unit conducts the administrative review and determines an outcome based on information from the provider and Lead Agency. The provider will be notified of the decision within 15 days of the review.**
- f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead Agency uses the results from the MRS to establish a base rate that ranges based on five facility types: Six or Fewer, Registered, Licensed Family Home, Licensed Group Home, and Licensed Center. Regardless of the base rate and facility type, the Lead Agency offers multiple rate differentials, including providers who serve more than half of the children in their enrollment that are subsidy-eligible, providers who are accredited or working towards accreditation, providers serving children with special needs, providers serving children meeting the definition of protective services, and/or providers caring for children during non-traditional hours. These rates incentivize providers to increase the quality of care in their program and enroll subsidy-eligible children.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☒ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **The Lead Agency offers competitive bids for Early Head Start contracts in eight areas of the state for slots for young children. These contracted slots are offered in addition to the availability of other contracted programs in the community.**

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☐ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☒ Infants and toddlers. Number of slots allocated through grants or contracts: **Subsidy eligible children qualify for slots for children participating in Early Head Start. Not all available slots are filled with subsidy eligible children (i.e., prenatal, incarcerated parent, and child abuse/neglect).**

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Contracts for Early Head Start slots are awarded by the Lead Agency based on a competitive bid. The cost for the slots is determined based on the awarded program's proposal.**

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

☒ Yes.

☐ No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Per Missouri statute 210.027, a provider must be a least 18 years of age.**
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
- i. Data sources used to identify shortages: **The Early Care & Education Resource and Referral (ECER&R) contractor is the primary data source used to identify child care supply and demand. The contractor collects supply data including the number of**

total active programs by type. The contractor collects and reports out demand data that includes number of families searching for child care by county, the total number of children for whom care was requested including foster children and children with special needs, the number of children eligible for child care subsidy, and families referred to agency for child care subsidy eligibility screening. This information also includes the age of children needing care, hours of care requested, and types of facility requested.

- ii. Method of tracking progress: **The Lead Agency uses ECER&R data to identify areas in the state that need more child care programs and to inform the increase in access to child care, which is Goal 1 of the childhood strategic plan.**
 - iii. What is the plan to address the child care shortages using family child care homes **As part of the Lead Agency’s Fiscal Year 2025 budget, the Governor has recommended an increase in the infant toddler rate to the full market rate (100th percentile). Also, the Lead Agency contracted with Wonderschool to create a new supply of family child care providers and to stabilize the businesses of existing family child care providers in Missouri. This vendor is helping family home providers develop their business to ensure sustainability.**
 - iv. What is the plan to address the child care shortages using child care centers? **As part of the Lead Agency’s Fiscal Year 2025 budget, the Governor has recommended an increase in the infant toddler rate to the full market rate (100th percentile). Also, the Lead Agency contracted with a public university to support various workforce development, leadership, and business strategies that support early childhood administrators.**
- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: **In 2022, the Lead Agency performed a targeted needs assessment to examine child care deserts in Missouri. The needs assessment is updated on a three-year cycle and will be completed again in 2025-2026.**
 - ii. Method of tracking progress: **The Lead Agency used the targeted needs assessment information and American Rescue Plan Act funds to offer start up and expansion grants in child care desert areas across the state. A total of 69 programs were awarded and are either operating or will be operating later this year. In the three-year cycle of needs assessments, the Lead Agency uses licensed, license-exempt, and contracted provider data to inform the need for additional contracts and grants to build the supply of child care in desert areas.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency contracted with Wonderschool to create a new supply of family child care providers and to stabilize the businesses of existing family child care providers in Missouri. This vendor is helping family home providers develop their business to ensure sustainability.**
 - iv. What is the plan to address the child care shortages using child care centers? **Due to the various workforce issues faced by child care programs, the Lead Agency amended licensing rules to include 16- and 17-year-olds in ratios to increase the workforce pool.**

- c. In care for special populations:
- i. Data sources used to identify shortages: **The Lead Agency collects key data points about child care as part of the ECER&R activities, including the number and location of parents who request care for children with special needs. The data are collected from the parent via a follow up phone call or survey response after the parent sought assistance with finding child care.**
 - ii. Method of tracking progress: **The ECER&R compiles a report of the number and location of parents who successfully place their child(ren) with child care programs that support children with special needs.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency offers scholarship and apprenticeship programs to support the training and education of child care staff who want to further their education. In addition, the Lead Agency offers an enhanced rate for children who meet the definition of special needs.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency offers scholarship and apprenticeship programs to support the training and education of child care staff who want to further their education. In addition, the Lead Agency offers an enhanced rate for children who meet the definition of special needs.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The Lead Agency has implemented a strategic planning cycle that includes a needs assessment every three years. The data collected in the needs assessment is used to inform the strategic plan goals and activities. The first goal in the current strategic plan, in place through 2026, is to expand access to high-quality childhood programs. Missouri will accomplish this goal using three objectives; identify gaps; increase awareness and coordination; and increase capacity.**
 - In 2022, Missouri conducted a targeted needs assessment that identified child care capacity in the state. The Early Care and Education Resource & Referral (ECER&R) collects supply and demand data by county and provides it to the Lead Agency quarterly.
 - To improve quality, the Lead Agency supports several initiatives that work directly with programs with the goal of increasing the availability of quality programming for children. The quality supports include training and onsite technical assistance delivered through an Infant/Toddler Network, Home Based Care Network, a Preschool Network, and the Missouri AfterSchool Network. These initiatives are offered statewide with a service delivery model that is customized to identified unique needs of each program. The Lead Agency has also provided Child Development Associate (CDA) scholarships for child care providers and access to apprenticeship programs in desert areas to help support the workforce.

- The Lead Agency is also increasing quality across all provider types with the Quality Assurance Report. Through this work, programs are assessed using validated tools to identify strengths and areas for improvement. The results are used to inform programs and to guide them through a quality improvement journey using intensive onsite coaching. After two years of intensive coaching, a second assessment is conducted to identify improvements and to determine what level of interventions is still needed.
- b. Infants and toddlers. Describe: **The Infant/Toddler Network and Home Based Care Network are statewide quality initiatives available across seven regions in Missouri. These initiatives provide free onsite consultation and training to increase the knowledge and skills of the child care workforce when working with infants up to 12 months of age and toddlers up to 3 years of age. The Lead Agency plans to include a component in the next needs assessment in order to determine where in the state is the greatest need for child care for infants and toddlers.**
 - c. Children with disabilities. Describe: **The Lead Agency developed an informational flyer for child care assistance for children with special needs, which is posted on the consumer education website. The Lead Agency regularly disseminates this flyer and other informational flyers related to the child care assistance in order to encourage families who have children with disabilities to participate in child care in their communities. The Lead Agency plans to include a component in the next needs assessment in order to determine where in the state is the greatest need for child care for children with disabilities.**
 - d. Children who receive care during non-traditional hours. Describe: **The prior needs assessment did not include enough information to determine the need, utilization, and location of non-traditional hours in child care programs across the state. The Lead Agency plans to include a component in the next needs assessment in order to determine the need for non-traditional care.**
 - e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:
- 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **Counties in which 20% or more of the population is living below 100% of the poverty level and unemployment is 7% or higher, are defined by the Lead Agency as areas with significant concentrations of poverty and unemployment. Based on this definition, the following counties in Missouri are considered priority areas: Dallas, Texas, Oregon, Shannon, Carter, Wayne, Butler, Ripley, Dunklin, Ozark, Pemiscot, and St. Louis City. The Lead Agency is promoting scholarships, offering early childhood apprenticeships, and facilitating training on developmental screening and social emotional development in these areas of the state to help increase access.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **In Missouri, unless a person qualifies for a statutory exemption from licensure, an entity or individual who is caring for more than six children, excluding children who live in the provider's home and who are eligible for enrollment in public school, or more than three children under the age of two, is required to obtain a child care license. A center is defined in regulation as a child care program conducted in a location other than the provider's permanent residence, or separate from the provider's living quarters, where care is provided for**

children for any part of the 24-hour day.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

☒ Yes. If yes, describe: **The Lead Agency has a category of care called License-Exempt which is an exemption from licensure but these facilities are regulated by the Lead Agency. These are child care facilities maintained or operated under the exclusive control of a religious organization and nursery schools.**

☐ No.

- b. Identify the family child care providers subject to licensing: **In Missouri, unless a person qualifies for a statutory exemption from licensure, an entity or individual who is caring for more than six children, excluding children who live in the provider's home and who are eligible for enrollment in public school, or more than three children under the age of two, is required to obtain a child care license. Missouri regulation 5 CSR 25-400.010(11) defines a family child care home as a child care program where care is given by a person licensed as a child care home provider for no more than 10 children for any part of the 24-hour day.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **If all children being cared for live in the home where care is being provided, the provider is not required to be licensed.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Center-based providers who are exempt from licensing requirements in Missouri include: any graded boarding school; any summer or day camps; any school system; any Montessori school; any business that operates a child care program for the convenience of its customers; any religious organization; any private elementary or secondary school system; any nursery school; any program caring for children in sixth grade or above; and any program caring for school-age children only.**

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **A nursery school is a program with the primary function of providing an educational program for preschool age children for no more than four hours per day, per child.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Providers who are not licensed but are contracted to receive CCDF funds are monitored annually by the Lead Agency to ensure they are meeting the health and safety requirements.**
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Providers caring for six or fewer children.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Any person who is caring for six or fewer children, including a maximum of three children under the age of two years, at the same physical address. Children who live in the caregiver's home and who are eligible for enrollment in public kindergarten, elementary, or high school shall not be considered in the total number of children being cared for.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Six or fewer providers who are contracted to receive CCDF funds are monitored annually by the Lead Agency to ensure they are meeting the health and safety requirements.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Any person who is caring for six or fewer children, including a maximum of three children under the age of two years, at the same physical address.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Any person who is caring for six or fewer children, including a maximum of three children under the age of two years, at the same physical address.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In-home care providers contracted to receive CCDF funds are required to have an eligible background screening determination letter on file, complete age appropriate CPR and first aid training, complete CCDF Health and Safety training, complete Subsidy Orientation training, and agree that they have read and understand the information provided in the Subsidy Provider Manual.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **Any child under 12 months of age.**
- b. Toddler. Describe: **Any child 12 to 24 months of age.**
- c. Preschool. Describe: **Any child two through five years of age who is not in kindergarten.**
- d. School-Age. Describe: **A child five years of age or older who is in kindergarten or above.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **One adult to every four children**
Group size: **No more than eight children in a group**
 - ii. Toddler.
Ratio: **One adult to every four children**
Group size: **No more than eight children in a group**
 - iii. Preschool.
Ratio: **The ratio for groups composed solely of two-year-olds is one caregiver to every eight children. Groups composed solely of three and four-year-olds is one caregiver to every 10 children.**
Group size: **If the group is composed solely of two-year-old children, the maximum group size is 16 children. If the group is composed of children who are three to four years old, the maximum group size is 20 children.**
 - iv. School-Age.
Ratio: **One caregiver to every 16 children**
Group size: **No more than 32 children in a group.**
 - v. Mixed-Age Groups (if applicable).
Ratio: **The ratio for mixed age groups of two years and up is one caregiver to every 10 children with a maximum of four two-year-olds in the group. If there are more than four two-year-olds in the mixed age group, the ratio is one caregiver to every eight children.**

Group size: **If the group is composed of mixed ages (two years old and up) with no more than four under the age of two years, the maximum group size is 20 children. If the group is composed of mixed ages (two years old and up) with more than four under the age of two years, the maximum group size is 16 children.**

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. ☐ Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant: **N/A**
 - iii. Toddler: **N/A**
 - iv. Preschool: **N/A**
 - v. School-Age: **School-age group size is limited to a maximum of 48 children in a group.**
 - vi. Mixed-Age Groups: **N/A**
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)
 - Ratio: **The ratio is one adult to four children and two adults to eight children.**
 - Group size: **Four children with one adult or eight children with two adults.**
 - ii. Toddler (if applicable)
 - Ratio: **The ratio is one adult to four children and two adults to eight children.**
 - Group size: **Four children with one adult or eight children with two adults.**
 - iii. Preschool (if applicable)
 - Ratio: **One adult to 10 children**
 - Group size: **10 children**
 - iv. School-Age (if applicable)
 - Ratio: **One adult to 10 children**
 - Group size: **10 children**
 - v. Mixed-Age Groups
 - Ratio: **The ratio is one adult to 7 to 10 children with a maximum of two children under age two years; one adult to five to six children with a maximum of three children under age two years; two adults to 7 to 10 children with a maximum of four children under age two years.**
 - Group size: **10 children**
- d. Are any of the responses above different for license-exempt family child care homes?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Family child care home providers who are not licensed can care for up to six children with no more than three under the age of two years at the same physical address, regardless how many adults are present.**

☐ Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **Family child care home providers who are not licensed can care for up to six children with no more than three under the age of two years.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **The child care provider must be at least 18 years of age, caregivers who**

are 16 or 17 years old can be included in staff/child ratios for groups composed of two year olds and older provided they are under the direct supervision of an adult caregiver. All caregivers must have a qualifying comprehensive background screening on file; complete a minimum of 12 clock hours of child-related training each calendar year; have documentation that they have successfully completed Lead Agency-approved safe sleep training if the facility is licensed to care for children under 12 months.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The qualifications for a director are based on the capacity of the facility as follows: Up to 20 Children - 30 college semester hours, with 6 of the 30 hours in child-related courses; or 12 months' experience with six college semester hours in child-related courses; or a Child Development Associate (CDA) credential or a Youth Development Credential (YDC); 21 to 60 Children - 60 college semester hours, 12 of the hours must be in child-related courses; or 24 months' experience and 12 college semester hours in child-related courses; 61 to 99 Children - 90 college semester hours, 18 of the 90 hours must be in child-related courses; or 36 months' experience and 18 college semester hours in child-related courses; 100 or more Children - 120 college semester hours, 24 of the 120 hours must be in child-related courses, 6 of the 24 college semester hours may include courses in business or management; or 4 years' experience and 24 college semester hours in child related courses, 6 of the 24 college semester hours may include courses in business or management.**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Providers/caregivers must be at least 18 years of age; have a qualifying comprehensive background screening on file; complete a minimum of 12 clock hours of child-related training each calendar year; and if the family home is licensed to care for children under 12 months, the provider and all caregivers must have documentation that they have successfully completed department-approved safe sleep training.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **The provider must be at least 18 years of age; have a qualifying comprehensive background screening on file; complete a minimum of 12 clock hours of child-related training each calendar year.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **Child care providers who are exempt from licensure but contracted to accept state subsidy must ensure that one adult caregiver is onsite at all times; the child care provider and all caregivers must have a qualifying**

comprehensive background screening on file; complete a minimum of six clock hours of child-related training each calendar year; within 90 days of hire and before providing unsupervised direct care to children, caregivers are required to complete CPR and first aid training, CCDF Health and Safety Training, and one staff member who is responsible for maintaining compliance with the subsidy program must complete the Subsidy Orientation training provided by Office Of Childhood (OCC).

- b. License-exempt home-based child care. **Family child care providers who are exempt from licensure but contracted to accept state subsidy must be at least 18 years of age; have a qualifying comprehensive background screening on file; complete a minimum of six clock hours of child-related training each calendar year; complete CPR and first aid training, CCDF Health and Safety Training, and complete the Subsidy Orientation training provided by OOC.**
- c. License-exempt in-home care (care in the child's own home). **In-home CCDF providers are individuals selected by the family to provide child care within the child's home. The provider must be 18 years of age or older and contracted with the Lead Agency; must have a qualifying comprehensive background screening on file; complete a minimum of six clock hours of child-related training each calendar year; complete age-appropriate CPR and first aid training, CCDF Health and Safety Training; and complete the Subsidy Orientation training provided by OOC.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. **Provide the standard: The provider shall report to the local health department if any child in the facility is suspected of having a reportable disease. In the event of an outbreak of communicable disease in the facility, caregivers shall implement control measures recommended by a local state health authority as required by the department. Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day. The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or**

provider, a child with no more than one of the following symptoms may remain in care: a child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; after an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician; when it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken; when a child has vomited once with no further vomiting episodes, other symptoms, or both; or when a child has experienced loose stools only one time with no further problems or symptoms. If children exhibit any of the following symptoms, they must be sent home: diarrhea—more than one abnormally loose stool. If a child has one loose stool, s/he shall be observed for additional loose stools or other symptoms; severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; difficult or rapid breathing (especially important in infants under six months; yellowish skin or eyes; Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; unusual spots or rashes; sore throat or trouble swallowing; an infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; unusually dark, tea-colored urine; grey or white stool; fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; headache and stiff neck; vomiting more than once; and severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies. The ill child shall be kept isolated from the other children until the parent(s) arrives. No child shall be permitted to enroll in or attend any day care facility caring for ten or more children unless the child has been immunized adequately against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day, and year of administration. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease in the facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the department, or both the local health authority and the department. Staff or volunteers shall not work when ill if the health or well-being of children is endangered.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall report to the local health department if any child in the facility is suspected of having a reportable disease. In the event of an outbreak of communicable disease in the facility, caregivers shall implement control measures recommended by a local state health authority as required by the department. Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day. The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one of the following symptoms may remain in care: a child with a temperature of up to one hundred degrees**

Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; after an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician; when it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken; when a child has vomited once with no further vomiting episodes, other symptoms, or both; or when a child has experienced loose stools only one time with no further problems or symptoms. If children exhibit any of the following symptoms, they must be sent home: diarrhea—more than one abnormally loose stool. If a child has one loose stool, s/he shall be observed for additional loose stools or other symptoms; severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; difficult or rapid breathing (especially important in infants under six months; yellowish skin or eyes; Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; unusual spots or rashes; sore throat or trouble swallowing; an infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; unusually dark, tea-colored urine; grey or white stool; fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; headache and stiff neck; vomiting more than once; and severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies. The ill child shall be kept isolated from the other children until the parent(s) arrives. No child shall be permitted to enroll in or attend any day care facility caring for ten or more children unless the child has been immunized adequately against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day, and year of administration. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease in the facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the department, or both the local health authority and the department. No individual shall work when ill if the health or well-being of children is endangered.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE):** The director or other caregiver shall report to the local health department when any child in a facility is suspected of having a reportable communicable disease. In the event of an unusual outbreak of a reportable communicable disease, caregivers shall implement control measures recommended by the department or local health department. Caregivers shall use proper handwashing techniques with soap and warm, running water after toileting, after assisting a child with toileting, after diapering a child, and at other times as needed. Good hygiene practices shall be

followed during food preparation. These practices include, but are not limited to, washing hands properly after smoking, eating, drinking, using the restroom, after touching raw food products and before preparing and serving food. Hands shall be dried with single-service towels. Caregivers shall teach and see that children wash their hands at appropriate times: before eating, after toileting and as needed when hands are soiled. Caregivers shall not work when ill and likely to transmit an illness that might endanger the health or well-being of children. This may include symptoms such as fever, coughing, upper respiratory infection, vomiting or diarrhea. Each child shall be observed for contagious diseases and other signs of illness on arrival and throughout each day. A parent or guardian shall be contacted when signs of illness are observed. When a child exhibits any of the symptoms described below, the parent(s) shall be contacted and the child shall be sent home. Parental contact shall be recorded and filed in the child's records. Symptoms that require parental contact and sending a child home are: more than one abnormally loose stool; red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; difficult or rapid breathing—especially important in infants under six months of age; yellowish skin or eyes; tears, redness of eyelid lining or irritation, followed by swelling or discharge of pus; unusual spots or rashes; sore throat or swallowing difficulty; an infected skin patch—crusty, bright yellow, dry or gummy areas of the skin; unusually dark, tea-colored urine; gray or white stool; fever over one hundred one degrees Fahrenheit (101°F) by mouth or one hundred degrees Fahrenheit (100°F) under the arm; headache and stiff neck; vomiting more than once; a child is in the contagious period of a disease; or severe itching of the body or scalp or scratching of the scalp which may be symptoms of lice or scabies. An ill child shall be kept isolated from the other children and a caregiver shall be in close proximity to the child until a parent arrives. Close proximity means that a caregiver is close enough to hear any sounds a child might make that indicate a need for assistance. A parent of each child shall be notified when any reportable communicable disease occurs in the facility. Child care facilities shall meet immunization requirements. Requirements for other license exempt child care centers: Staff in facilities receiving subsidy are required to be in compliance with the standard on the Prevention and Control of Infectious Diseases including immunizations. Good hygiene, proper sanitation, and consistently following universal health precautions in early childhood setting is essential for reducing health risks to children and adults by limiting the spread of infectious germs. All are designed to promote wellness and prevent and control infectious diseases. Using appropriate sanitation measures and universal precautions protect the health and safety of everyone. Requirements for staff to have medical examinations, immunization requirements for children, restrictions for children and staff to be present when ill, and diapering and handwashing requirements, proper handling of food, water play, using toilet or assisting a child in the use of a toilet. Standard requires that providers have a set and routine cleaning, sanitizing and disinfecting process using soap and water, bleach/water solution, dishwasher and washing machine. Knowledge of signs and symptoms of illness, decision making if child should remain or be excluded from the child care setting and when to notify parent/guardian that child has signs or showing symptoms of illness.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Staff in facilities receiving subsidy are required to be in compliance with the standard on the Prevention and Control of Infectious Diseases including immunizations. Good hygiene, proper sanitation, and consistently following universal health precautions in early childhood setting is essential for reducing health risks to children and adults by limiting the spread of infectious germs. All are designed to promote wellness and prevent and control infectious diseases. Using appropriate sanitation measures and universal precautions protect the health and safety of everyone. Requirements for staff to have medical examinations, immunization requirements for children, restrictions for children and staff to be present when ill, and diapering and handwashing requirements, proper handling of food, water play, using toilet or assisting a child in the use of a toilet. Standard requires that providers have a set and routine cleaning, sanitizing and disinfecting process using soap and water, bleach/water solution, dishwasher and washing machine. Knowledge of signs and symptoms of illness, decision making if child should remain or be excluded from the child care setting and when to notify parent/guardian that child has signs or showing symptoms of illness.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Staff in facilities receiving subsidy are required to be in compliance with the standard on the Prevention and Control of Infectious Diseases including immunizations. Good hygiene, proper sanitation, and consistently following universal health precautions in early childhood setting is essential for reducing health risks to children and adults by limiting the spread of infectious germs. All are designed to promote wellness and prevent and control infectious diseases. Using appropriate sanitation measures and universal precautions protect the health and safety of everyone. Requirements for staff to have medical examinations, immunization requirements for children, restrictions for children and staff to be present when ill, and diapering and handwashing requirements, proper handling of food, water play, using toilet or assisting a child in the use of a toilet. Standard requires that providers have a set and routine cleaning, sanitizing and disinfecting process using soap and water, bleach/water solution, dishwasher and washing machine. Knowledge of signs and symptoms of illness, decision making if child should remain or be excluded from the child care setting and when to notify parent/guardian that child has signs or showing symptoms of illness.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Requirements for licensed afterschool programs: The provider shall report to the local health department if any child in the facility is suspected of having a reportable disease. In the event of an outbreak of communicable disease in the facility, caregivers shall implement control measures recommended by a local state health authority as required by the department. Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day. The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one of the following symptoms may remain in care: a child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; after an illness has been evaluated by a physician,**

medication has been prescribed and any period of contagion has passed as determined by a licensed physician; when it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken; when a child has vomited once with no further vomiting episodes, other symptoms, or both; or when a child has experienced loose stools only one time with no further problems or symptoms. If children exhibit any of the following symptoms, they must be sent home: diarrhea—more than one abnormally loose stool. If a child has one loose stool, s/he shall be observed for additional loose stools or other symptoms; severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; difficult or rapid breathing (especially important in infants under six months; yellowish skin or eyes; Pink eye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; unusual spots or rashes; sore throat or trouble swallowing; an infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; unusually dark, tea-colored urine; grey or white stool; fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; headache and stiff neck; vomiting more than once; and severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies. Requirements for other exempt out-of-school programs: Staff in facilities receiving subsidy are required to be in compliance with the standard on the Prevention and Control of Infectious Diseases including immunizations. Good hygiene, proper sanitation, and consistently following universal health precautions in early childhood setting is essential for reducing health risks to children and adults by limiting the spread of infectious germs. All are designed to promote wellness and prevent and control infectious diseases. Using appropriate sanitation measures and universal precautions protect the health and safety of everyone. Requirements for staff to have medical examinations, immunization requirements for children, restrictions for children and staff to be present when ill, and diapering and handwashing requirements, proper handling of food, water play, using toilet or assisting a child in the use of a toilet. Standard requires that providers have a set and routine cleaning, sanitizing and disinfecting process using soap and water, bleach/water solution, dishwasher and washing machine. Knowledge of signs and symptoms of illness, decision making if child should remain or be excluded from the child care setting and when to notify parent/guardian that child has signs or showing symptoms of illness.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Completion by the parent(s) of the following written information shall be on file before the child is accepted for care: Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations, or is exempt from immunization requirements. No child shall be permitted to enroll in or attend any day care facility caring for ten or more children unless the child has been immunized adequately against vaccine-preventable childhood illnesses**

specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month day and year of administration. A child who has not completed all immunizations appropriate for his/her age may enroll, if satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/ Missouri Department of Health recommended schedule; or the parent(s) or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following: a medical exemption by which the child shall be exempted from immunization requirements upon certification by a licensed physician that the immunization would seriously endanger the child's health or life; or a parent or guardian exemption, by which a child shall be exempted from immunization requirements if one parent or guardian files a written objection to immunization with the day care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department is filed with the day care administrator by the parent or guardian. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Completion by the parent(s) of the following written information shall be on file before the child is accepted for care: Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations, or is exempt from immunization requirements. No child shall be permitted to enroll in or attend any day care facility caring for ten or more children unless the child has been immunized adequately against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month day and year of administration. A child who has not completed all immunizations appropriate for his/her age may enroll, if satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/ Missouri Department of Health recommended schedule; or the parent(s) or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following: a medical exemption by which the child shall be exempted from

immunization requirements upon certification by a licensed physician that the immunization would seriously endanger the child's health or life; or a parent or guardian exemption, by which a child shall be exempted from immunization requirements if one parent or guardian files a written objection to immunization with the day care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department is filed with the day care administrator by the parent or guardian. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE):** Child care facilities shall meet immunization requirements for children. The Contract for Child Care Subsidy Services Terms and Conditions state that the provider shall maintain accurate records. The following records shall contain the following information for each child served under this contract: record of completed immunizations. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions** state that the provider shall maintain accurate records. The following records shall contain the following information for each child served under this contract: record of completed immunizations. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions** state that the provider shall maintain accurate records. The following records shall contain the following information for each child served under this contract: record of completed immunizations. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Requirements for licensed afterschool programs: Completion by the parent(s) of the following written information shall be on file before the child is accepted for care: Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations, or is exempt from immunization requirements. No child shall be permitted to enroll in or attend any day care facility caring for ten or more children unless the child has been immunized adequately against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month day and year of administration. A child who has not completed all immunizations appropriate for his/her age may enroll, if satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/ Missouri Department of Health recommended schedule; or the parent(s) or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following: a medical exemption by which the child shall be exempted from immunization requirements upon certification by a licensed physician that the immunization would seriously endanger the child's health or life; or a parent or guardian exemption, by which a child shall be exempted from immunization requirements if one parent or guardian files a written objection to immunization with the day care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department is filed with the day care administrator by the parent or guardian. Requirements for all other exempt out-of-school programs: The Contract for Child Care Subsidy Services Terms and Conditions state that the provider shall maintain accurate records. The following records shall contain the following information for each child served under this contract: record of completed immunizations. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating the Lead Agency does not currently have age-appropriate immunization requirements for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Every three years, the child care provider, group child care home provider, child care staff members, and volunteers in a group child care home or child care center licensed to provide care**

for infants less than one year of age shall successfully complete department-approved training regarding the American Academy of Pediatrics (AAP) safe sleep recommendations. The child care provider, group child care home provider, child care staff members, and volunteers shall complete safe sleep training within thirty days of employment or volunteering at the facility. The provider's infant safe sleep policy shall comply with section 210.223, RSMo, and shall include, but not be limited to the following safe sleep practices: the policy shall list the licensee's expectations regarding how and when caregivers are to be trained on safe sleep; a requirement that children less than one year of age be placed on their backs to sleep; a requirement that the facility shall receive a written statement from the infant's licensed health care provider stating that the infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in these rules prior to allowing the infant to be placed in a sleep position that is not on his or her back; and supervision of infants during nap/sleep times, to include: positioning of staff; lighting in the nap room; physical checks of the child to ensure he or she is not overheated or in distress; and prohibitions against the use of any equipment such as a sound machine that may interfere with the caregiver's ability to see or hear a child who may be distressed; and the following requirements for safe sleep environments: the policy shall state that cribs and playpens must have a firm mattress and tight fitting sheets, be free of loose bedding, bumper pads, pillows, and soft toys; shall require infants' heads be uncovered during nap/ sleep times; shall prohibit covering cribs or playpens with blankets or bedding; shall prohibit smoking in the child care home during the hours children are in care; and shall require giving the parent(s) or guardian(s) of each infant in care a copy of the provider's safe sleep policy upon the child's enrollment. A supervised nap period that meets the child's individual needs shall meet the following requirements: a child under twelve months of age shall be placed on his/her back to sleep; an infant's head and face shall remain uncovered during sleep; infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep; an infant shall not be overdressed when sleeping to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment; when, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions; pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Every three years the provider, assistant(s), and volunteers in a family child care home licensed to provide care for infants less than one year of age shall successfully**

complete department-approved training regarding the American Academy of Pediatrics (AAP) safe sleep recommendations. The provider, assistant(s), and volunteers in a family child care home shall complete the safe sleep training prior to licensure. The provider and any assistant hired or volunteering at the facility after initial licensure shall complete the safe sleep training within thirty days of employment or volunteering at the facility. The provider's infant safe sleep policy shall comply with section 210.223, RSMo, and shall include, but not be limited to the following safe sleep practices: the policy shall list the licensee's expectations regarding how and when caregivers are to be trained on safe sleep; a requirement that children less than one year of age be placed on their backs to sleep; a requirement that the facility shall receive a written statement from the infant's licensed health care provider stating that the infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in these rules prior to allowing the infant to be placed in a sleep position that is not on his or her back; and supervision of infants during nap/sleep times, to include: positioning of staff; lighting in the nap room; physical checks of the child to ensure he or she is not overheated or in distress; and prohibitions against the use of any equipment such as a sound machine that may interfere with the caregiver's ability to see or hear a child who may be distressed; and the following requirements for safe sleep environments: the policy shall state that cribs and playpens must have a firm mattress and tight fitting sheets, be free of loose bedding, bumper pads, pillows, and soft toys; shall require infants' heads be uncovered during nap/ sleep times; shall prohibit covering cribs or playpens with blankets or bedding; shall prohibit smoking in the child care home during the hours children are in care; and shall require giving the parent(s) or guardian(s) of each infant in care a copy of the provider's safe sleep policy upon the child's enrollment. A supervised nap period that meets the child's individual needs shall meet the following requirements: a child under twelve months of age shall be placed on his/her back to sleep; an infant's head and face shall remain uncovered during sleep; infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep; an infant shall not be overdressed when sleeping to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment; when, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions; pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff in facilities receiving subsidy are required to be in compliance with the standard on the prevention of sudden infant and death syndrome and use of safe-sleep practices. All licensed, license-exempt and registered child care providers are required to complete a training on safe sleep and SIDS at time of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, as a caregiver, it is important to ensure an infant's sleep environment is a safe one. All caregivers should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep. Training requirements for caregivers include appropriate sleeping areas (cribs, pack and play), bedding, sleep wear, items in cribs, and sleeping on back. Through training, the objective is for staff to recognize that safe sleep practices are used to reduce risk for SIDS or suffocation death while infants are napping or sleeping. The techniques trained and to be used include: place the baby on his or her back to sleep alone, for naps and night time; place the baby in a safety-approved crib with a firm surface and fitted sheet; do not use an infant seat, swing, or any other type of furniture/equipment that is not a safety approved crib; remove all soft objects, toys, blankets, bumper pads, and pillows from the sleep area; dress the baby in a sleeper or sleep sack instead of using a blanket or other covering; directly observe the infant by sight and sound at all times.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The child care provider is required to be in compliance with the standard on the prevention of sudden infant and death syndrome and use of safe-sleep practices and must complete a training on safe sleep and SIDS at time of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, as a caregiver, it is important to ensure an infant's sleep environment is a safe one. All caregivers should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep. Training requirements for caregivers include appropriate sleeping areas (cribs, pack and play), bedding, sleep wear, items in cribs, and sleeping on back. Through training, the objective is for staff to recognize that safe sleep practices are used to reduce risk for SIDS or suffocation death while infants are napping or sleeping. The techniques trained and to be used include: place the baby on his or her back to sleep alone, for naps and night time; place the baby in a safety-approved crib with a firm surface and fitted sheet; do not use an infant seat, swing, or any other type of furniture/equipment that is not a safety approved crib; remove all soft objects, toys, blankets, bumper pads, and pillows from the sleep area; dress the baby in a sleeper or sleep sack instead of using a blanket or other covering; directly observe the infant by sight and sound at all times. The provider is required to complete the DESE provided CCDF Health & Safety Training which contains a component on infant safe sleep prior to being approval of a contract to receive subsidy.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The child care provider is required to be in compliance with the standard on the prevention**

of sudden infant and death syndrome and use of safe-sleep practices and must complete a training on safe sleep and SIDS at time of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, as a caregiver, it is important to ensure an infant's sleep environment is a safe one. All caregivers should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep. Training requirements for caregivers include appropriate sleeping areas (cribs, pack and play), bedding, sleep wear, items in cribs, and sleeping on back. Through training, the objective is for staff to recognize that safe sleep practices are used to reduce risk for SIDS or suffocation death while infants are napping or sleeping. The techniques trained and to be used include: place the baby on his or her back to sleep alone, for naps and night time; place the baby in a safety-approved crib with a firm surface and fitted sheet; do not use an infant seat, swing, or any other type of furniture/equipment that is not a safety approved crib; remove all soft objects, toys, blankets, bumper pads, and pillows from the sleep area; dress the baby in a sleeper or sleep sack instead of using a blanket or other covering; directly observe the infant by sight and sound at all times. The provider is required to complete the DESE provided CCDF Health & Safety Training which contains a component on infant safe sleep prior to being approval of a contract to receive subsidy.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **There is no safe sleep standard for out of school programs as these programs provide care to school age children only.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. Prescription medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. All medication shall be stored out of reach of children or in a locked container. Medication shall be returned to storage immediately after use. Medication needing refrigeration shall be kept in the refrigerator in a container separate from food. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed. The date and time(s) of administration, the name of the individual giving the medication and the quantity of any medication given shall be recorded promptly after administration. This information shall be filed in the child's record after the medication is no longer necessary.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. Prescription medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. All medication shall be stored out of reach of children or in a locked container. Medication shall be returned to storage immediately after use. Medication needing refrigeration shall be kept in the refrigerator in a container separate from food. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed. The date and time(s) of administration, the name of the individual giving the medication and the quantity of any medication given shall be recorded promptly after administration. This information shall be filed in the child's record after the medication is no longer necessary.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. A record will be maintained as to the time and the amount of any medication given or applied. The medication shall be in the original container, stored according to the instructions, and must have the original pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in accordance with those instructions. Medications will be kept out of the reach of children. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. A record will be maintained as to the time and the amount of any medication given or applied. The medication shall be in the original container, stored according to the instructions, and must have the original pharmacy label indicating the physician's name, child's name,**

instructions, and name and strength of the medication and shall be given in accordance with those instructions. Medications will be kept out of the reach of children. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. A record will be maintained as to the time and the amount of any medication given or applied. The medication shall be in the original container, stored according to the instructions, and must have the original pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in accordance with those instructions. Medications will be kept out of the reach of children. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. Prescription medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. All medication shall be stored out of reach of children or in a locked container. Medication shall be returned to storage immediately after use. Medication needing refrigeration shall be kept in the refrigerator in a container separate from food. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed. The date and time(s) of administration, the name of the individual giving the medication and the quantity of any medication given shall be recorded promptly after administration. This information shall be filed in the child's record after the medication is no longer necessary. Requirements for all other exempt out-of-school programs: The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. A record will be maintained as to the time and the amount of any medication given or applied. The medication**

shall be in the original container, stored according to the instructions, and must have the original pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in accordance with those instructions. Medications will be kept out of the reach of children. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the**

label (for over-the-counter drugs) will not be honored. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Requirements for licensed afterschool programs: All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed. Requirements for all other exempt out-of-school programs: The Provider Policy Manual for Contracted Subsidy Providers states: When a parent/guardian requests the child care provider to administer medication, the following shall apply: Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian. Instructions from a parent/guardian which contradict the instructions of the physician (for prescription drugs) or the instructions on the label (for over-the-counter drugs) will not be honored. Medications will be returned to the parent/guardian when it is expired or no longer needed. No medication prescribed to one child will ever be administered to another child at any time.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider, within 30 days following the admission of each infant, toddler, or preschool child, shall require a medical examination report signed by a licensed physician or registered nurse who is under the supervision of a licensed physician and completed not more than twelve months prior to admission. The provider may use the department's medical assessment form or the provider may use its own form if it contains all the information on the department's form. The department's form**

includes a section for the physician to provide instructions for specialized care which includes allergies, special diets, diabetes, etc. During monitoring inspections, Compliance Inspectors review medical examination reports and enrollment forms. If the doctor or parent has indicated that the child has an allergy, the provider is required to have a special needs plan on file for that child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider, within 30 days following the admission of each infant, toddler, or preschool child, shall require a medical examination report signed by a licensed physician or registered nurse who is under the supervision of a licensed physician and completed not more than twelve months prior to admission. The provider may use the department's medical assessment form or the provider may use its own form if it contains all the information on the department's form. The department's form includes a section for the physician to provide instructions for specialized care which includes allergies, special diets, diabetes, etc.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions requires that providers**

follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed afterschool programs, the medical examination report form and the health history report for school-age children shall be supplied by the department or the facility may use its own form if it contains all the information on the department's form. This report requires the parent to list any allergies or special medical conditions. For other exempt afterschool programs, the Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care. Caregivers shall be capable of handling emergencies promptly and intelligently.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care. Caregivers shall be capable of handling emergencies promptly and intelligently.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract**

for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: The Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: For licensed afterschool programs: Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care. Caregivers shall be capable of handling emergencies promptly and intelligently. For other exempt afterschool programs, The Contract for Child Care Subsidy Services Terms and Conditions requires that providers follow the Health and Safety Standards which

states that child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency. Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction. In addition to allergic reactions, staff should be aware of choking emergencies and have the knowledge of handling an incident through First Aid and CPR training.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The premises shall be safe and suitable for the care of children. The premises shall conform to the fire and safety requirements of the State Fire Marshal or his/her designee. Children shall have no access to areas not approved for child care. Stairways in approved child care space shall be well lighted and free of obstructions. Stairways in approved child care space having more than three steps shall have a handrail the children can reach. Porches, decks, stairwells or other areas in approved child care space having a drop-off of more than 24 inches from which children might fall and be injured shall have an approved railing or approved barrier. The railing or barrier shall be constructed to prevent the child from crawling or falling through or becoming entrapped. Approved safety gates at stairways and doors shall be provided and used as needed. Protective outlet covers or twist-lock outlets shall be used in areas accessible to the children. Heaters, floor furnaces, radiators, hot water heaters or other equipment which pose a threat to children shall meet the requirements of Fire Safety. All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children. Ammunition, guns, hunting knives, bows and arrows or other weapons shall be stored in a locked cabinet or locked closet. A fenced outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard. For facilities initially licensed after the effective date of these rules or for the installation of new fences in existing facilities, the fence shall be at least 42 inches high. An outdoor play area used exclusively for school-age children shall not be required to have a fence. Fences shall be constructed to prevent children from crawling or falling through or becoming entrapped. The play area shall be safe for children's activities, well-maintained, free of hazards such as poisonous plants, broken glass, rocks or other debris and shall have good drainage. The fall-zone area under and around outdoor equipment where children might fall and be injured shall be**

covered with impact-absorbing materials which will effectively cushion the fall of a child. This material may include sand, pea gravel, tanbark, shredded tires, wood chips, rubber matting or other approved resilient material. The provider shall be responsible for the type, depth and fall-zone area of resilient material necessary for the protection of children. Areas under and around outdoor equipment shall have continuous maintenance to ensure that the material remains in place and retains its cushioning properties. The resilient material shall be supplemented immediately or replaced as needed. Concrete, asphalt, carpet, grass or bare soil is not an acceptable surface under outdoor equipment from which children might fall and be injured.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: The premises shall be safe and suitable for the care of children. The premises shall conform to the fire and safety requirements of the State Fire Marshal or his/her designee. Children shall have no access to areas not approved for child care. Stairways in approved child care space shall be well lighted and free of obstructions. Stairways in approved child care space having more than three steps shall have a handrail the children can reach. Porches, decks, stairwells or other areas in approved child care space having a drop-off of more than 24 inches from which children might fall and be injured shall have an approved railing or approved barrier. The railing or barrier shall be constructed to prevent the child from crawling or falling through, or becoming entrapped. Approved safety gates at stairways and doors shall be provided and used as needed. Heaters, floor furnaces, radiators, hot water heaters or other equipment which poses a threat to children shall meet the requirements of Fire Safety. All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children. Ammunition, guns, hunting knives, bows and arrows or other weapons shall be stored in a locked cabinet or locked closet. An outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard. It shall be fenced when necessary for the protection of children from traffic, water or other hazards. For family day care homes initially licensed after the effective date of these rules, or for the installation of new fences in existing facilities, the fence shall be at least 42 inches high. Fences shall be constructed to prevent children from crawling or falling through or becoming entrapped. The play area shall be safe for children's activities, well maintained, free of hazards such as poisonous plants, broken glass, rocks or other debris and shall have good drainage. The fall-zone area under and around outdoor equipment where children might fall and be injured shall be covered with impact-absorbing materials which effectively cushions the fall of a child. This material may include sand, pea gravel, tanbark, shredded tires, wood chips, rubber matting or other approved resilient material. Grass may be an approved resilient material, but if grass becomes worn or sparse, the area must be covered with another approved resilient material. Swimming and wading pools used by children shall be constructed, maintained, and used in a manner which safeguards the lives and health of children. Swimming and wading pools shall have a water filtration system. The water in swimming and wading pools shall be treated, cleaned, and maintained in accordance with health

practices and rules as determined by the local or state health authority, or both. Swimming and wading pools shall be fenced to prevent access by children. For family day care homes initially licensed after the effective date of these rules, the fence shall be at least 42 inches high and shall have a locked gate. Above-the-ground pools may use a 42-inch fence around the top of the pool with barricades of the steps to the pool deck. Children using swimming or wading pools shall be instructed in water safety and supervised by an adult at all times. An adult with a current lifeguard training certificate, including infant/child cardiopulmonary resuscitation (CPR) training, shall be on duty when a swimming or wading pool containing a depth of 48 inches or more of water is being used. An adult who has completed a course in basic water safety, which includes infant/child CPR, shall be on duty when a swimming or wading pool containing less than 48 inches of water is being used.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE):** The premises of all facilities shall be safe and suitable for the care of children. Children shall have no access to areas not approved for child care. Porches, decks, stairwells or other areas in approved child care space shall have protective handrails and guardrails if there is a drop-off of more than 24 inches from which children might fall and be injured. Guardrails shall be at least 36 inches high, and shall have bars placed at intervals of no more than 3 1/2 inches, or have protective material to prevent a 3 1/2 inch sphere from passing through the bars. Approved safety gates at stairways and doors shall be provided as needed. Hazardous materials such as cleaning supplies, poisonous materials, medicines, alcoholic beverages or hazardous personal care items shall be inaccessible to children and stored to prevent cross-contamination of food and food-related materials. Ammunition, guns, hunting knives, bows and arrows, or other weapons shall not be on the premises unless stored in a locked cabinet or closet. An outdoor play area available on or adjoining the child care property. Facilities with a capacity of more than 10 children shall have a fenced play area. Play areas in facilities with a capacity of 10 or fewer children shall be fenced when necessary for the protection of children from traffic, water or other hazards. Fences shall be at least 42 inches high. Openings in fences shall be no greater than three and 3 1/2 inches. The play area shall be safe for children's activities. It shall be well-maintained and free of hazards such as poisonous plants, broken glass, barbed wire, open wells, rocks and other debris, and shall have good drainage. These general fire safety requirements shall be followed at all facilities: At least one portable, operable flashlight shall be accessible to staff; All flammable materials shall be stored properly and accessible only to authorized persons. These requirements for exits and doors shall be followed at all facilities: Each floor occupied by children shall have no less than two exits remote from each other. Exit doors shall swing in the direction of exit travel and shall lead directly, or through an enclosed fire-resistant stairway, to the outside. This includes basement areas. For other exempt programs, The Contract for Child Care Subsidy Services Terms and Conditions requires that the physical space where child care is

provided must ensure that hazardous materials are inaccessible to children and weapons and ammunition must be stored in locked cabinets inaccessible to children. The provider shall install and maintain operable smoke detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in the corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the smoke detector(s) shall provide an alarm. When the provider uses equipment or appliances that pose a potential carbon monoxide risk, including homes with attached garages, the provider shall install and maintain operable carbon monoxide detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the carbon monoxide detector(s) shall provide an alarm. The provider shall have a working fire extinguisher at the child care facility. The child care facility's indoor space shall be safe and suitable for the care of children.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions** requires that the physical space where child care is provided must ensure that hazardous materials are inaccessible to children and weapons and ammunition must be stored in locked cabinets inaccessible to children. The provider shall install and maintain operable smoke detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in the corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the smoke detector(s) shall provide an alarm. When the provider uses equipment or appliances that pose a potential carbon monoxide risk, including homes with attached garages, the provider shall install and maintain operable carbon monoxide detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the carbon monoxide detector(s) shall provide an alarm. The provider shall have a working fire extinguisher at the child care facility. The child care facility's indoor space shall be safe and suitable for the care of children.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions** requires that the physical space where child care is provided must ensure that hazardous materials are inaccessible to children and weapons and ammunition must be stored in locked cabinets inaccessible to children. The provider shall install and maintain operable smoke detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in the corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the smoke detector(s) shall provide an alarm. When the provider uses equipment or appliances that pose a potential carbon monoxide risk, including homes with attached garages, the provider shall install and maintain operable carbon monoxide detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care

services. The provider shall ensure that when activated, the carbon monoxide detector(s) shall provide an alarm. The provider shall have a working fire extinguisher at the child care facility. The child care facility's indoor space shall be safe and suitable for the care of children. Subsidy rules require: The outdoor play area must meet the following criteria: it must be an area safe, maintained, and no hazards; the outdoor area must either be continuously fenced to ensure that the children cannot leave and others cannot enter the premises without supervision; or, if not fenced, child care provider must have a division approved, supervision plan for when children are in outdoor play area.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For exempt afterschool programs, the Contract for Child Care Subsidy Services Terms and Conditions requires that the physical space where child care is provided must ensure that hazardous materials are inaccessible to children and weapons and ammunition must be stored in locked cabinets inaccessible to children. The provider shall install and maintain operable smoke detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in the corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the smoke detector(s) shall provide an alarm. When the provider uses equipment or appliances that pose a potential carbon monoxide risk, including homes with attached garages, the provider shall install and maintain operable carbon monoxide detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services. The provider shall ensure that when activated, the carbon monoxide detector(s) shall provide an alarm. The provider shall have a working fire extinguisher at the child care facility. The child care facility's indoor space shall be safe and suitable for the care of children. Per a new statute passed in 2024, licensed afterschool programs caring for school age children only will not be required to receive a fire safety inspection or have the physical premises inspected.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Swimming and wading pools used by children shall be constructed, maintained, and used in a manner which safeguards the lives and health of children. Swimming and wading pools shall have a water filtration system. The water in swimming and wading pools shall be treated, cleaned, and maintained in accordance with health practices and rules as determined by the local or state health authority, or both. Swimming and wading pools shall be fenced to prevent access by children. For facilities initially licensed after the effective date of these rules, the fence shall be at least 42 inches high and shall have a locked gate. Above-the-ground pools may use a 42-inch fence around the top of the pool with barricades of the steps to the pool deck. Children using swimming or wading pools shall be instructed in water safety and supervised by an adult at all times. An adult with a current lifeguard**

training certificate, including infant/child cardiopulmonary resuscitation (CPR) training, shall be on duty at all times when a swimming or wading pool containing a depth of 48 inches or more of water is being used. An adult who has completed a course in basic water safety, which includes infant/child CPR, shall be on duty when a swimming or wading pool containing less than 48 inches of water is being used.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Swimming and wading pools used by children shall be constructed, maintained, and used in a manner which safeguards the lives and health of children. Swimming and wading pools shall have a water filtration system. The water in swimming and wading pools shall be treated, cleaned, and maintained in accordance with health practices and rules as determined by the local or state health authority, or both. Swimming and wading pools shall be fenced to prevent access by children. For family day care homes initially licensed after the effective date of these rules, the fence shall be at least 42 inches high and shall have a locked gate. Above-the-ground pools may use a 42-inch fence around the top of the pool with barricades of the steps to the pool deck. Children using swimming or wading pools shall be instructed in water safety and supervised by an adult at all times. An adult with a current lifeguard training certificate, including infant/child cardiopulmonary resuscitation (CPR) training, shall be on duty when a swimming or wading pool containing a depth of 48 inches or more of water is being used. An adult who has completed a course in basic water safety, which includes infant/child CPR, shall be on duty when a swimming or wading pool containing less than 48 inches of water is being used.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE): Swimming and wading pools used by children that are constructed, maintained, and used in a manner that protects the health and safety of children. Swimming and wading pools shall be enclosed by a fence at least 42 inches high with a locked gate. Swimming and wading pools shall have a water filtration system. The water shall be treated, cleaned, and maintained in a manner approved by a state or local health authority. For other exempt centers, the Contract for Child Care Subsidy Services Terms and Conditions state that the child care provider and staff/volunteers should frequently inspect the outdoor setting to inspect for water hazards such as pools, drains, streams, and standing water. Pools and open water areas shall not be accessible to children without adult supervision.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that the child care provider and staff/volunteers should frequently inspect the outdoor setting to inspect for water hazards such as pools, drains, streams, and standing water. Pools and open water areas shall not be accessible to children without adult supervision.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract**

for Child Care Subsidy Services Terms and Conditions state that the child care provider and staff/volunteers should frequently inspect the outdoor setting to inspect for water hazards such as pools, drains, streams, and standing water. Pools and open water areas shall not be accessible to children without adult supervision.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For exempt out-of-school programs, the Contract for Child Care Subsidy Services Terms and Conditions state that the child care provider and staff/volunteers should frequently inspect the outdoor setting to inspect for water hazards such as pools, drains, streams, and standing water. Pools and open water areas shall not be accessible to children without adult supervision. Per a new statute passed in 2024, licensed afterschool programs caring for school age children only will not be required to receive a fire safety inspection or have the physical premises inspected.**
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **A fenced outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **An outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard. It shall be fenced when necessary for the protection of children from traffic, water or other hazards.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE): An outdoor play area available on or adjoining the child care property. Facilities with a capacity of more than 10 children shall have a fenced play area. Play areas in facilities with a capacity of 10 or fewer children shall be fenced when necessary for the protection of children from traffic, water or other hazards. The Contract for Child Care Subsidy Services Terms and Conditions require that the provider ensure that children have adequate supervision when outside or in areas near roadways.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The outdoor area must either be continuously fenced to ensure that the children cannot leave and others cannot enter the premises without supervision; or, if not fenced, child care provider must have a division approved, supervision plan for when children are in outdoor play area. The Contract for Child Care Subsidy Services Terms and Conditions require that the provider ensure that children have adequate supervision when outside or in areas near roadways.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract**

for Child Care Subsidy Services Terms and Conditions require that the provider ensure that children have adequate supervision when outside or in areas near roadways.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions require that the provider ensure that children have adequate supervision when outside or in areas near roadways. Per a new statute passed in 2024, licensed afterschool programs caring for school age children only will not be required to receive a fire safety inspection or have the physical premises inspected.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **For children of all ages in care, physical punishment including, but not limited to, spanking, slapping, shaking, biting, or pulling hair shall be prohibited.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For children of all ages in care, physical punishment including, but not limited to, spanking, slapping, shaking, biting, or pulling hair shall be prohibited.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions require all staff have knowledge of shaken baby syndrome. In addition, to knowledge of signs and symptoms of abusive head trauma. Shaken baby syndrome is on the leading causes of child abuse deaths in the United States and it is preventable. Child care staff must be knowledgeable on how to prevent, identify, and respond to shaken baby syndrome. Knowledge of possible reasons for shaken baby syndrome, have skills in and knowledge for coping with crying and the factors that contribute to an infant being vulnerable to abusive head trauma.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions require all staff have knowledge of shaken baby syndrome. In addition, to knowledge of signs and symptoms of abusive head trauma. Shaken baby syndrome is on the leading causes of child abuse deaths in the United States and it is preventable. Child care staff must be knowledgeable on how to prevent, identify, and respond to shaken baby syndrome. Knowledge of possible reasons for shaken baby syndrome, have skills in and knowledge for coping with crying and the factors that contribute to an infant being vulnerable to abusive head trauma.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract**

for Child Care Subsidy Services Terms and Conditions require all staff have knowledge of shaken baby syndrome. In addition, to knowledge of signs and symptoms of abusive head trauma. Shaken baby syndrome is on the leading causes of child abuse deaths in the United States and it is preventable. Child care staff must be knowledgeable on how to prevent, identify, and respond to shaken baby syndrome. Knowledge of possible reasons for shaken baby syndrome, have skills in and knowledge for coping with crying and the factors that contribute to an infant being vulnerable to abusive head trauma.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions require all staff have knowledge of shaken baby syndrome. In addition, to knowledge of signs and symptoms of abusive head trauma. Shaken baby syndrome is on the leading causes of child abuse deaths in the United States and it is preventable. Child care staff must be knowledgeable on how to prevent, identify, and respond to shaken baby syndrome. Knowledge of possible reasons for shaken baby syndrome, have skills in and knowledge for coping with crying and the factors that contribute to an infant being vulnerable to abusive head trauma.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All staff shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Children shall not be subjected to child abuse/neglect as defined by section 210.110, RSMo.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care providers and assistants shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Children shall not be subjected to child abuse/neglect as defined by section 210.110, RSMo**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that by law in Missouri, child care providers are mandated reporters of child abuse and neglect. Every staff person should understand their role as a mandated reporter, be aware of common physical and emotional signs of and symptoms of child maltreatment, and know how to report abuse and neglect**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that by law in Missouri, child care providers are mandated reporters of child abuse and**

neglect. Every staff person should understand their role as a mandated reporter, be aware of common physical and emotional signs of and symptoms of child maltreatment, and know how to report abuse and neglect.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that by law in Missouri, child care providers are mandated reporters of child abuse and neglect. Every staff person should understand their role as a mandated reporter, be aware of common physical and emotional signs of and symptoms of child maltreatment, and know how to report abuse and neglect.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed afterschool programs, all staff shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Children shall not be subjected to child abuse/neglect as defined by section 210.110, RSMo. For other exempt out-of-school programs, The Contract for Child Care Subsidy Services Terms and Conditions state that by law in Missouri, child care providers are mandated reporters of child abuse and neglect. Every staff person should understand their role as a mandated reporter, be aware of common physical and emotional signs of and symptoms of child maltreatment, and know how to report abuse and neglect.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vi. Volunteer emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☐ Continuity of operations
- x. Accommodation of
 - ☒ Infants

☒ Toddlers

☒ Children with disabilities

☒ Children with chronic medical conditions

xi. If any of the above are not checked, describe: **On February 14, 2024, the Lead Agency was issued a Preliminary Notice of Possible Non-Compliances indicating that they do not have procedures for continuity of operations for Group Child Care Homes/Child Care Centers and Family Child Care Homes. The Lead Agency needs additional time to meet this requirement. The current disaster plan was written prior to the pandemic and the Lead Agency is working on a process to re-write its disaster plan to include continuity of operations.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children. All flammable or combustible liquids, matches, lighters, or other hazardous items shall be stored so they are inaccessible to the children.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children. All flammable or combustible liquids, matches, lighters, or other hazardous items shall be stored so they are inaccessible to the children.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE): Hazardous materials such as cleaning supplies, poisonous materials, medicines, alcoholic beverages or hazardous personal care items shall be inaccessible to children and stored to prevent cross-contamination of food and food-related materials. For other exempt centers, the Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids:**

handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Wet or soiled diapers**

shall be placed in an airtight disposal container located in the diaper change area.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Wet or soiled diapers shall be placed in an airtight disposal container located in the diaper change area.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Requirements for religious organizations and nursery schools (LE): Wet or soiled disposable diapers shall be placed in an airtight disposal container located in the diaper change area and discarded daily. For other exempt centers, the Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable**

gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that a healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children. Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids: handwashing, use of disposable gloves , respiratory hygiene and cough etiquette, safe handling of potentially contaminated surfaces, proper disposal of hazardous materials, including bodily fluids.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall be responsible for the care, safety, and supervision of children on field trips or at any time they transport children away from the facility. Written parental consent shall be on file at the facility for field trips and transportation. Parents shall be informed when field trips are planned. The driver of any vehicle used to transport children shall be no less than 18 years of age and shall have a valid driver's license as required by Missouri law. All vehicles used to transport children shall be licensed in accordance with Missouri law. Children shall not be transported in campers, trailers or in the back of trucks. All children shall be seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law. Identifying information regarding the name of the provider, the names of the children and the names, addresses and telephone numbers of each child's parent(s) shall be carried in the vehicle. Staff/child ratios shall be maintained at any time the provider transports children away from the facility. Children shall be required to remain seated while the vehicle is in motion. Doors shall be locked when the vehicle is moving. Order shall be maintained in the vehicle at all times. Children shall not be left unattended in a vehicle at any time. Children shall enter and leave the vehicle from the curbside unless the vehicle is in a protected area or driveway. Children shall be assisted, when necessary, while entering or leaving the vehicle. Children shall be released only to the parent(s) or individual(s) authorized by the parent(s). The operator of the vehicle shall wait until the child is in the custody of the parent(s) or individual(s) authorized by the parent(s) to receive the child. Head counts shall be taken before leaving the facility, after entering the vehicle, during a field trip, after taking the children to bathrooms, after returning to the vehicle and when back at the facility. When children leave the vehicle, the vehicle shall be inspected to ensure that no**

children are left on or under seats.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall be responsible for the care, safety and supervision of children on field trips or at any time they transport children away from the family day care home. Written parental consent shall be on file at the home for field trips and transportation. Parents shall be informed when field trips are planned. The driver of any vehicle used to transport children shall be no less than 18 years of age and shall have a valid driver's license as required by Missouri law. All vehicles used to transport children shall be licensed in accordance with Missouri law. Children shall not be transported in campers, trailers or in the back of trucks. All children shall be seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law. Identifying information regarding the name of the provider, the names of the children and the names, addresses and telephone numbers of each child's parent(s) shall be carried in the vehicle. Staff/child ratios shall be maintained at any time the provider transports children away from the home. Children shall be required to remain seated while the vehicle is in motion. Doors shall be locked when the vehicle is moving. Order shall be maintained in the vehicle at all times. Children shall not be left unattended in a vehicle at any time. Children shall enter and leave the vehicle from the curbside unless the vehicle is in a protected area or driveway. Children shall be assisted, when necessary, while entering or leaving the vehicle. Children shall be released only to the parent(s) or individual(s) authorized by the parent(s). The operator of the vehicle shall wait until the child is in the custody of the parent(s) or individual(s) authorized by the parent(s) to receive the child. Head counts shall be taken before leaving the home, after entering the vehicle, during a field trip, after taking the children to bathrooms, after returning to the vehicle and when back at the home. When children leave the vehicle, the vehicle shall be inspected to ensure that no children are left on or under seats.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that Child care providers and staff/volunteers should be knowledgeable about safe transportation guidelines and best practices to keep children supervised and safe in and around vehicles. Child care providers and staff/volunteers must ensure that when children are driven in a motor vehicle that all children are restrained in a developmentally appropriate and properly installed care safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. Child care providers and staff/volunteers must ensure that children are never left alone or unattended in or around vehicles and that they are continuously supervised and that a face-to-name count is conducted before leaving the program, upon arrival at a destination, before departing to return to the program, and once in the building upon return.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that Child**

care providers and staff/volunteers should be knowledgeable about safe transportation guidelines and best practices to keep children supervised and safe in and around vehicles. Child care providers and staff/volunteers must ensure that when children are driven in a motor vehicle that all children are restrained in a developmentally appropriate and properly installed care safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. Child care providers and staff/volunteers must ensure that children are never left alone or unattended in or around vehicles and that they are continuously supervised and that a face-to-name count is conducted before leaving the program, upon arrival at a destination, before departing to return to the program, and once in the building upon return.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state that Child care providers and staff/volunteers should be knowledgeable about safe transportation guidelines and best practices to keep children supervised and safe in and around vehicles. Child care providers and staff/volunteers must ensure that when children are driven in a motor vehicle that all children are restrained in a developmentally appropriate and properly installed care safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. Child care providers and staff/volunteers must ensure that children are never left alone or unattended in or around vehicles and that they are continuously supervised and that a face-to-name count is conducted before leaving the program, upon arrival at a destination, before departing to return to the program, and once in the building upon return.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed out-of-school programs, the following apply: The provider shall be responsible for the care, safety, and supervision of children on field trips or at any time they transport children away from the facility. Written parental consent shall be on file at the facility for field trips and transportation. Parents shall be informed when field trips are planned. The driver of any vehicle used to transport children shall be no less than 18 years of age and shall have a valid driver's license as required by Missouri law. All vehicles used to transport children shall be licensed in accordance with Missouri law. Children shall not be transported in campers, trailers or in the back of trucks. All children shall be seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law. Identifying information regarding the name of the provider, the names of the children and the names, addresses and telephone numbers of each child's parent(s) shall be carried in the vehicle. Staff/child ratios shall be maintained at any time the provider transports children away from the facility. Children shall be required to remain seated while the vehicle is in motion. Doors shall be locked when the vehicle is moving. Order shall be maintained in the vehicle at all times. Children shall not be left unattended in a vehicle at any time. Children shall enter and leave the vehicle from the curbside unless the vehicle is in a protected area or driveway. Children shall be assisted, when necessary, while entering or leaving the vehicle. Children shall be released only to the parent(s) or individual(s) authorized by the parent(s). The operator of the vehicle shall wait until the child is in the custody of the**

parent(s) or individual(s) authorized by the parent(s) to receive the child. Head counts shall be taken before leaving the facility, after entering the vehicle, during a field trip, after taking the children to bathrooms, after returning to the vehicle and when back at the facility. When children leave the vehicle, the vehicle shall be inspected to ensure that no children are left on or under seats. For other exempt out-of-school programs, the following apply: The Contract for Child Care Subsidy Services Terms and Conditions state that Child care providers and staff/volunteers should be knowledgeable about safe transportation guidelines and best practices to keep children supervised and safe in and around vehicles. Child care providers and staff/volunteers must ensure that when children are driven in a motor vehicle that all children are restrained in a developmentally appropriate and properly installed care safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. Child care providers and staff/volunteers must ensure that children are never left alone or unattended in or around vehicles and that they are continuously supervised and that a face-to-name count is conducted before leaving the program, upon arrival at a destination, before departing to return to the program, and once in the building upon return.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one caregiver at the facility for every 20 children in the licensed capacity. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall have documentation on file at the home of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract**

for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification ☐ to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification ☐ to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification ☐ to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers

shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed child care centers, the following shall apply: The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one caregiver at the facility for every 20 children in the licensed capacity. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. For other exempt out-of-school programs, the following apply: The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one caregiver at the facility for every 20 children in the licensed capacity. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall have documentation on file at the home of current certification in**

age-appropriate first aid and cardiopulmonary resuscitation (CPR) training. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification ☐ to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification ☐ to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions contain requirements**

relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: For licensed child care centers, the following shall apply: The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one caregiver at the facility for every 20 children in the licensed capacity. At least one caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification and be approved by the department. For other exempt out-of-school programs, the following apply: The Contract for Child Care Subsidy Services Terms and Conditions contain requirements relating to Training at Initial Application for Contract. The following trainings are required for all staff members and persons involved in direct care and included in staff child ratio (i.e., volunteers) Age-Appropriate Cardiopulmonary Resuscitation (CPR)/First Aid Certification to be completed through a nationally recognized organization within 90 days of employment and before a staff member or volunteer can provide unsupervised direct care to children. Age-appropriate means the training and certification shall cover the ages of all children cared for by the provider. The provider shall maintain a record of current certification in age-appropriate CPR and first aid. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include a skills assessment, and be approved by DESE OOC. The provider, all child care staff members, and volunteers shall maintain a record of current certification in age-appropriate CPR and First Aid. The Lead Agency has an accepted CPR/First Aid Model that addresses both pediatric and adult CPR.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **All staff shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care providers and assistants shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with**

Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions** state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed out-of-school programs, the following shall apply:** All staff shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.” **For other exempt out-of-school programs, the following shall apply:** The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at:

<https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. Missouri state statute 210.110 defines “abuse” as “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” This same statute defines “neglect” as “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being.”

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **All child care providers and assistants shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care providers and assistants shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Contract for Child Care Subsidy Services Terms and Conditions state The provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed out-of-school programs, the following shall apply: All staff shall acquaint themselves with the child abuse and neglect law and shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. For all other exempt out-of-school programs, the following shall apply: The Contract for Child Care Subsidy Services Terms and Conditions state that the provider, all child care staff members, and volunteers shall be familiar with Section 210.115, RSMo, the child abuse and neglect reporting law. The provider, all child care staff members, and volunteers shall make a report of any suspected child abuse or neglect to the Children’s Division at the toll free number 1-800-392-3738 or online at: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.**
- c. Confirm if child care providers must comply with the **Lead Agency’s** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
 - ☒ Yes, confirmed.
 - ☐ No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Licensed child care centers, group child care homes, and family child care programs are required to provide nutritious meals to children.**
- ii. Access to physical activity. Describe: **Licensed child care centers, group child care homes, and family child care programs are required to provide outdoor space for children’s play as well as an hour of outdoor time each day (weather permitting).**
- iii. Caring for children with special needs. Describe: **N/A**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **N/A**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☒ No

☐ Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☐ Annually.

☒ More than once a year. If more than once a year, describe: **After initial licensure, licensed child care centers typically receive an unannounced inspection once every six months but are required to receive, at minimum, one unannounced inspection annually. Additional inspections are conducted as necessary to ensure compliance with health and safety standards. The Child Care Compliance Section is working with the National Association for Regulatory Administration (NARA) to determine if a more efficient differential monitoring process could be an effective option for Missouri.**

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **The Lead Agency contracted with NARA to develop and implement a Key Indicator System, Weighted Risk Assessment and Differential Monitoring. This project will take 24 to 36 months to complete and the Lead Agency is approximately 12 months into the project. The projected completion of the project is June 2026.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Lead Agency's Child Care Compliance Section completes the monitoring inspections, the Department of Health and Senior Services conducts sanitation inspections and the Department of Public Safety conducts fire safety inspections. Fire safety and sanitation inspections are not conducted for programs licensed for school-age children only. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating Lead Agency does not currently inspect for immunizations and continuity of care for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☐ Annually.

☒ More than once a year. If more than once a year, describe: **After initial licensure, licensed family child care homes typically receive an unannounced inspection once every six months but are required to receive, at minimum, one unannounced inspection annually. Additional inspections are conducted as necessary to ensure compliance with health and safety standards. The Child Care Compliance Section is working with NARA to determine if a more efficient differential monitoring process could be an effective option for Missouri.**

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **The Lead Agency contracted with NARA to develop and implement a Key Indicator System, Weighted Risk Assessment and Differential Monitoring. This project will take 24 to 36 months to complete and the Lead Agency is approximately 12 months into the project. The projected completion of the project is June 2026.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Lead Agency's Child Care Compliance Section completes the monitoring inspections, the Department of Health and Senior Services conduct sanitation inspections and the Department of Public Safety conducts fire safety inspections. Fire safety and sanitation inspections are not conducted for programs licensed for school-age children only. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating Lead Agency does not currently inspect for immunizations and continuity of care for providers who serve fewer than 10 children. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☒ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **N/A**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The Lead Agency's Child Care Compliance Section conducts the initial and annual inspections for license-exempt center-based providers. The Department of Health and Senior Services conducts sanitation inspections and the Department of Public Safety conducts fire safety inspections. Fire safety and sanitation inspections are not conducted for programs licensed for school-age children only. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating Lead Agency does not inspect for the full complement of required health and safety standards for license-exempt providers. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**

- b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care

providers to determine compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Lead Agency's Child Care Compliance Section conducts the initial and annual inspections for license-exempt family child care providers. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating Lead Agency does not inspect for the full complement of required health and safety standards for license-exempt providers. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **After the initial announced onsite inspection, the Lead Agency conducts an unannounced onsite inspection annually if care is being provided in the child's home but does not inspect the physical plant. The Lead Agency reviews trainings to ensure that the provider meets the training requirements and has an understanding of the health and safety requirements in regard to emergency planning, handwashing, health care, administering of medications, behavior management and guidance, prevention of shaken baby syndrome, abusive head trauma, child maltreatment, prevention of sudden infant death syndrome, safe sleep, transportation, child abuse and neglect reporting, and physical safety. The provider is required to review the Subsidy Child Care Provider Policy Manual, adopt it as their own, or create a manual that includes all components found in the manual provided by the Lead Agency. The Lead Agency received a Preliminary Notice of Possible Non-Compliance for this item on February 14, 2024, indicating Lead Agency does not inspect for the full complement of required health and safety standards for license-exempt providers. As this requirement will require a change in statute, the Lead Agency will need additional time to meet the requirement.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The**

Lead Agency's Child Care Compliance Section conducts the initial and annual inspections for license-exempt in-home child care providers.

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. ☒ Pre-licensing inspection reports for licensed programs.
 - ii. ☐ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☒ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
<https://dese.mo.gov/childhood/child-care-subsidy>
 - iv. ☒ Other. Describe: **On February 14, 2024, the Lead Agency was issued a Preliminary Notice of Possible Non-Compliances indicating that they do not post full monitoring and inspection reports for all CCDF-eligible provider types. The Lead Agency will submit a waiver request for additional time to meet this requirement.**
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. ☒ Date of inspection.
 - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **If the violations are discovered during a regular monitoring inspection, they are documented in the inspection report and displayed on the website. If violations are substantiated because of a complaint investigation, the violations and the conclusion summary of the investigation are displayed on the website.**
 - iii. ☐ Corrective action plans taken by the Lead Agency and/or child care provider. Describe:

- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **The Lead Agency does not post corrective action plans for unlicensed child care providers but the information is available to the public upon request. The final report that is posted does indicate the date the provider came into compliance with the listed violation(s).**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://healthapps.dhss.mo.gov/childcaresearch/>
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The Lead Agency posts inspections no sooner than 10 days after the inspection has occurred.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
☒ Yes.
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
☒ Yes.
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
☒ Yes.
☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The minimum qualifications for the Lead Agency's Compliance Inspectors are (1) a bachelor's degree from an accredited college or university with a minimum of 15 earned credit hours in one or a combination of the following: Elementary or Early Childhood Education, Sociology, Psychology, Child Development, Social Work, Nursing, or a closely related field; or (2) an associate's degree from an accredited college or university with a minimum of six earned credit hours in elementary or early education, sociology, psychology, child development, social work, or a closely related field or other related area with two or more years of professional or technical experience in elementary**

or early education, social services for children, or experience in the provision of child care in a licensed family or group child care home, or a licensed or license exempt child care center, or experience in investigations; or (3) four or more years of professional or technical experience in child care licensing, elementary or early childhood education, social services for children, or experience in the provision of child care in a licensed family or group child care home, or a licensed or license exempt child care center, or experience in investigations, and possession of a high school diploma or high school equivalency. New Compliance Inspectors in the Lead Agency receive on-the-job training, which includes mentoring from supervisors and seasoned staff. Within six months of hire, Compliance Inspectors receive orientation training which includes an overview of child care regulations in Missouri; ethics in regulations; child abuse and neglect mandated reporting and awareness; critical thinking; phases of licensing; conducting and managing complaint investigations; child care regulation and the disciplinary process; cultural competency, diversity and inclusion awareness; and the licensing process. In addition to the required training, the Compliance Inspectors are required to complete ABC's of Safe Sleep training, CCDF Health and Safety regulation training and Early Childhood Social and Emotional Health training. All Compliance Inspectors and Child Care Inspector Supervisors are required to obtain a minimum of 12 hours of professional development training each calendar year to expand their knowledge in regulation, health, safety, early childhood and child related areas.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Compliance Inspector caseloads range between 67 and 82 facilities. The Lead Agency's Regulatory Procedure Manual outlines the required number of inspections to be conducted each year, as well as provides guidance to licensing staff to ensure effective inspections are conducted timely. To ensure that inspectors can effectively complete inspections and investigations, there is a team of 10 Compliance Inspectors who only conduct complaint investigations and do not carry an ongoing caseload. Supervisors meet with their staff each month to review their caseload and to ensure they are conducting inspections in a timely manner. The Lead Agency has a policy that during staff vacancies inspections outside of the annual inspection can be skipped if the facility is compliant with licensing rules.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: Caregivers in licensed child care centers are required to complete 12 clock hours of training approved by the Lead Agency from January 1 to December 31 of each year. The clock hour training shall include one (1) or more of the department-approved content areas. The eight (8) content areas address child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.
- b. License-exempt child care centers: Caregivers in license-exempt centers are required to complete six hours of training approved by the Lead Agency annually. Approved trainings are stored in the MOPD system and provider can choose six hours from those trainings annually. The content areas that the Lead Agency uses when approving trainings are: child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.
- c. Licensed family child care homes: Caregivers in licensed child care homes are required to complete 12 clock hours of training approved by the Lead Agency from January 1 to December 31 of each year. The clock hour training shall include one (1) or more of the department-approved content areas. The eight (8) content areas address child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.
- d. License-exempt family child care homes: Caregivers in license-exempt family child care homes are required to complete six hours annually. Approved trainings are stored in the MOPD system and provider can choose six hours from those trainings annually. The content areas that the Lead Agency uses when approving trainings are: child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.
- e. Regulated or registered in-home child care: Caregivers are required to complete six hours annually. Approved trainings are stored in the MOPD system and provider can choose six hours from those trainings annually. The content areas that the Lead Agency uses when approving trainings are: child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.
- f. Non-regulated or registered in-home child care: Caregivers are required to complete six hours annually. Approved trainings are stored in the MOPD system and provider can choose six hours from those trainings annually. The content areas that the Lead Agency uses when approving trainings are: child development, family-teacher partnerships, child observation, developmentally appropriate practice, early childhood curriculum, professionalism, health and safety, and leadership. Ongoing, required training includes CCDF required health and safety topics.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).**

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).**

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **Child care staff**

members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).**

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).**

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☐ Yes.

☒ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).** For child care staff members in all other licensed, regulated, and registered child care facilities, the provider must indicate on the Comprehensive Background Check Notification form if the current or prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo).** For child care staff members in all other licensed, regulated, and registered child care facilities, the provider must indicate on the Comprehensive Background Check Notification form if the current or prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states

on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☐ Yes.

☒ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo). For child care staff members in all other licensed, regulated, and registered child care facilities, the provider must indicate on the Comprehensive Background Check Notification form if the current or prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.**

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo). For child care staff members in all other licensed, regulated, and registered child care facilities, the provider must indicate on the Comprehensive Background Check Notification form if the current or**

prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☐ Yes.

☒ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo). For child care staff members in all other licensed, regulated, and registered child care facilities, the provider must indicate on the Comprehensive Background Check Notification form if the current or prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.**

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **Child care staff members in license-exempt religious organizations that do not receive CCDF are not required to conduct a comprehensive background check (Section 210.1080.12, RSMo). For child care staff members in all other licensed, regulated, and registered child care facilities, the**

provider must indicate on the Comprehensive Background Check Notification form if the current or prospective staff member lives in another state or has resided in another state in the last five years. Additionally, the provider must list all applicable states on the form. Depending on the other state's processes and if the applicable states are not a National Fingerprint File state, the interstate criminal history checks are requested by either the lead agency, the provider, or the applicant for each state the staff member has resided in the last five years.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

☒ Yes.

☐ No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **In-state child abuse and neglect registry checks are required for current and prospective child care staff members. If a child abuse and neglect registry finding is discovered, the staff member will be determined ineligible for employment or presence in a licensed, regulated, or registered child care facility. The applicant is given the right to appeal the ineligible determination issued by the Lead Agency.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **For current or prospective child care staff members that live in another state or have lived in another state in the last five years, interstate child abuse and neglect registry checks are required. If a child abuse and neglect registry finding is discovered, the staff member would be determined ineligible for employment or presence in a licensed, regulated, or registered child care facility. The applicant is given the right to appeal the ineligible determination issued by the Lead Agency.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the

appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.
☒ Yes.
☐ No. If no, describe:
- c. In-state Sex Offender Registry.
☒ Yes.
☐ No. If no, describe:
- d. In-state child abuse and neglect registry.
☒ Yes.
☐ No. If no, describe:
- e. Name-based national Sex Offender Registry (NCIC NSOR).
☒ Yes.
☐ No. If no, describe:
- f. Interstate criminal background check, as applicable.
☐ Yes.
☒ No. If no, describe: **A prospective child care staff member who lives in another state or has lived in another state in the last five years can begin working for a child care provider if the staff member receives notice from the Lead Agency that the individual is temporarily eligible for employment or presence in a child care setting based on qualifying results of the FBI fingerprint check and in-state checks while the Lead Agency waits for the results of the interstate checks. The temporary eligible letter states the staff member shall be supervised at all times by a child care staff member who received a qualifying result on the criminal background check within the past five (5) years.**
- g. Interstate Sex Offender Registry check, as applicable.
☒ Yes.
☐ No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
☐ Yes.
☒ No. If no, describe: **A prospective child care staff member who lives in another state or has lived in another state in the last five years can begin working for a child care provider if the staff member receives notice from the Lead Agency that the individual is temporarily eligible for employment or presence in a child care setting based on qualifying results of the FBI fingerprint check and in-state checks while the Lead Agency waits for the results of the interstate checks. The temporary eligible letter states the staff member shall be supervised at all times by a child care staff member who received a qualifying result on the criminal background check within the past five (5) years**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☒ Yes.

☐ No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Employers from agencies outside of the State of Missouri may conduct a name-based search through the Missouri State Highway Patrol (MSHP) or through Family Care Safety Registry (FCSR) that is operated by the Missouri Department of Health and Senior Services. With either method, employers can receive child abuse or neglect records, criminal background records, and sex offender records from Missouri. To complete the request through the MSHP, the employee would complete the Caregiver Background Screening form (MO 300- 1590), the employee would check the boxes 1 and 6 in Section A and fill out the identifying data. Once the form is completed, it will be mailed along with payment to MSHP. To complete the request through the FCSR, the individual would need to follow the one-time registration and background screening instructions found at <https://health.mo.gov/safety/fcsr/>. Employers could then request a background screening through the FCSR. Information for individuals and other states to request background checks from Missouri can be found online at: <https://dese.mo.gov/childhood/child-care/background-check-process>.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate

background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://dese.mo.gov/childhood/child-care/background-check-process>**.

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:
- i. ☒ Agency name
 - ii. ☒ Address
 - iii. ☒ Phone number
 - iv. ☒ Email
 - v. ☒ Website
 - vi. ☒ Instructions
 - vii. ☒ Forms
 - viii. ☒ Fees
 - ix. ☒ Is the State a National Fingerprint File (NFF) State?
 - x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i. ☒ Agency name
 - ii. ☒ Address
 - iii. ☒ Phone number
 - iv. ☒ Email
 - v. ☒ Website
 - vi. ☒ Instructions
 - vii. ☒ Forms
 - viii. ☒ Fees

- ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
 - i. ☒ Agency name
 - ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. ☒ Address
 - iv. ☒ Phone number
 - v. ☒ Email
 - vi. ☒ Website
 - vii. ☒ Instructions
 - viii. ☒ Forms
 - ix. ☒ Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☒ No.

☐ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☐ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

- vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. ☐ Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency does not have finances that support additional wages above the established market rate for subsidy eligible children. The Lead Agency plans to consider additional funding sources other than CCDF that would be necessary to support compensation grants**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency does not have finances that support additional wages above the established market rate for subsidy eligible children. The Lead Agency plans to consider additional funding sources other than CCDF that would be necessary to support compensation grants**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency does not have finances that support additional wages above the established market rate for subsidy eligible children. The Lead Agency plans to consider additional funding sources other than CCDF that would be necessary to support compensation grants. If awarded, Missouri will use Preschool Development Grant B-5 Renewal funds to pilot funding for the early childhood workforce to access TeleHealth and TeleMental Health benefits. This TeleMed/Mental Health program provides health and mental health care to the early childhood teacher, their spouse/domestic partner, and their dependents. This program provides 24/7 access to board-certified doctors who can prescribe medications and provide advice on common illnesses and issues. Prescription discounts are offered through GlicRX and a national network of drugstores and retail outlets. Medical coverage includes 24/7 access and unlimited "visits" and \$0 copay. TeleMental Health coverage provides up to 10 visits for the teacher and their dependents at \$0 copay during a year. This pilot will begin with providing the benefit to Quality Assurance Report participants.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **As part of the early childhood scholarship program, the Lead Agency disseminates various scholarship opportunities, including scholarships for Child Development Associate (CDA), Associate's and Bachelor's degrees and Master-level certificate in early childhood leadership, as a way to help recruit and retain providers in the child care workforce.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency contracts with a public university to support various workforce development, leadership, and business strategies that support early childhood administrators.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

- i. ☒ Fiscal management.
- ii. ☒ Budgeting.
- iii. ☒ Recordkeeping.
- iv. ☒ Hiring, developing, and retaining qualified staff.
- v. ☐ Risk management.
- vi. ☐ Community relationships.
- vii. ☐ Marketing and public relations.
- viii. ☒ Parent-provider communications.
- ix. ☒ Use of technology in business administration.
- x. ☐ Compliance with employment and labor laws.
- xi. ☐ Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The Lead Agency offers a translation contractor so communications between providers, staff, and families can be facilitated in a manner that promotes the use of the native language of all parties. The Lead Agency regularly disseminates informational flyers to child care providers about translation and interpretation services, including over the phone instructions and written materials.**
- b. Providers and staff who have disabilities: **The Governor's Council on Disability promotes full participation and inclusion of Missourians with disabilities in all aspects of community life by educating citizens, businesses, schools, universities, and others of their rights and responsibilities under the Americans with Disabilities Act. Information about compliance with the Americans with Disabilities Act and assistive technology to maximize the productivity of people with disabilities is provided. The Lead Agency provides information and resources annually to child care providers for providers and staff who have disabilities.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☒ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The Lead Agency has adopted the National Association for the Education of Young Children (NAEYC) Professional Standards and Competencies and supplemented with two additional content areas addressing Health and Safety and Professional Development and Leadership. Content areas set the expectations for professionals who care for infants, toddlers, preschoolers, school-age children, and older youth. Additionally, the Lead Agency contracted with a public university to develop a Selected Occupations Chart that uses the NAEYC Unifying Framework to organize common professions into three levels of qualifications for Early Childhood Education, Family Services, and Home Visiting. A member of the Early Childhood State Advisory Council (ECSAC) is also a member of the workforce work group. This board member provides a brief update of workforce activities each quarter during the ECSAC meetings. The workforce project lead provides the ECSAC members with an in-depth update of workforce materials including any changes to the professional development framework annually in July.**

☐ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **The Early Childhood State Advisory Council, higher education institutions, career technical education centers, child care providers, home visitors, early interventionists, professional organizations, and advocacy groups.**

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **All training delivered in Missouri for clock hour credit must meet the content areas for Missouri. The Lead Agency has adopted the NAEYC Professional Standards and Competencies and supplemented with two additional content areas addressing Health and Safety and Professional Development and Leadership.**
- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Lead Agency has developed a Selected Occupations Chart that identifies the qualifications an individual should have when working in a particular role. Individuals can submit their educational records and credentials to the professional development system**

which will calculate where they are on the Selected Occupations Chart. This information can be used by employers, and in the Quality Assurance Report to ensure that those working with children have the proper training and background for the role in which they are employed.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **One of the duties and functions of the Early Childhood State Advisory Council is to develop recommendations regarding statewide professional development and career advancement plans for early childhood educators.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Articulation agreements are negotiated between individual institutions of higher education.**
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Missouri Professional Development system collects key data about child care providers, which allows the Lead Agency to track employment, professional development, and education levels obtained by the provider. Many of these data points are voluntarily provided by individuals in the professional development system but they are not required.**
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency ensures a portion of the CCDF funds are used to develop and disseminate training at no cost to the provider. The Lead Agency continues to offer training through a variety of delivery mechanisms to continually support the workforce. CDA scholarships are also offered to increase the number of providers who have a workplace credential that is represented on the Selected Occupations Chart.**

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **The Lead Agency hosts an annual conference for early childhood professionals, Conference on the Young Years, and professionals are able to obtain continuing education units (CEUs) upon successful completion of sessions. Additionally, the Lead Agency contracts to provide CDA scholarships that can be obtained through credit-bearing courses**
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **As part of the T.E.A.C.H. MISSOURI early childhood scholarship program, the Lead Agency disseminates various scholarship opportunities to child care providers, including for a Child Development Associate (CDA), Associate's and Bachelor's degrees, and Master-level certificate in early**

childhood leadership.

iii. ☐ Other. Describe:

☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The Lead Agency developed two Selected Occupations Charts, one for teachers and one for administrations, in partnership with a public university. The teacher qualifications were established in state regulation as the standard for teachers working in state-funded public and private pre-kindergarten programs. The administrator qualifications maybe used to consider revisions in the future to the director certification used by child care programs.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Selected Occupations Chart for teachers and administrators are aligned to allow for teachers in level II to meet the requirements of administrators in level I, as well as teachers in level III to meet the requirements for administrators in level II. This alignment allows for child care providers, including those in center, private, public, group home, family home, or Head Start/Early Head Start programs, to consider pay that is based on leveled qualifications of staff.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Lead Agency utilizes a workforce development project team of about 30 professionals that is facilitated by a public university as part of the state's early childhood workforce development initiative, funded by the Preschool Development Grant Birth to Five. This project team is responsible for researching and designing workforce initiatives to strengthen the child care industry, and presenting the key strategies to the Lead Agency for implementation consideration. The Lead Agency shares the workforce development projects with the Early Childhood State Advisory Council on an annual basis and provides updates to the Council on a quarterly basis.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **As part of the state's Preschool Development Grant Birth to Five activities, the Lead Agency contracts with a public university to assist two-year colleges and four-year institutions in the development of Core 12 coursework. In recent years, the Core 12 subcommittee established a common set of three early childhood courses for a Core 9 that can be seamlessly articulated across Missouri colleges and universities. A preliminary fourth course has been identified by the subcommittee as**

one that would address NAEYC competencies from both the assessment and fieldwork categories.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **As part of the state's Preschool Development Grant Birth to Five activities, the Lead Agency contracts with a public university to analyze workforce data and generate an annual report. These data helped inform retention and recruitment opportunities and training and professional development activities. The most recent report indicated the following information for the Missouri workforce, which shows:**
- 95% of childhood professionals are women
 - 92% of childhood professionals work with groups of children
 - 68% of childhood professionals are white
 - 51% of early childhood educators do not meet Level 1 credentials
 - 48% of childhood professionals are under 35 years of age
 - The median annual wage for child care workers is \$23,040
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency does not have finances that support additional wages above the established market rate for subsidy eligible children. The Lead Agency plans to consider additional funding sources other than CCDF that would be necessary to support compensation grants.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Caregivers in licensed child care centers are required to complete 12 clock hour of training approved by the Lead Agency from January 1 to December 31 of each year.**
- b. License-exempt child care centers: **Caregivers in license-exempt centers are required to complete six hours of training approved by the Lead Agency annually.**
- c. Licensed family child care homes: **Caregiver in licensed family child care homes are required to complete 12 clock hour of training approved by the Lead Agency from January 1 to December 31 of each year.**

- d. License-exempt family child care homes: **Caregivers in license-exempt family child care homes are required to complete six hours of training approved by the Lead Agency annually.**
- e. Regulated or registered in-home child care: **Caregivers who are in registered or contracted with the Lead Agency to provide in-home child care homes are required to complete six hours of training approved by the Lead Agency annually.**
- f. Non-regulated or registered in-home child care: **Caregivers in non-regulated or registered in-home child care homes are required to complete six hours of training approved by the Lead Agency annually.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **N/A**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Lead Agency's requirements for professional development are determined based on the regulatory status of the program. Training available to providers support children in a variety of settings with differing backgrounds. The Missouri Professional Development system allows the trainers to indicate a variety of options that the user can later use to filter training to meet their needs. These include the language the training will be delivered in, the content area that will be taught, which CDA content area is supported, and the style of delivery. Users can filter course offerings based on their needs.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency provides resource information to providers regarding developmental milestones, helpful resources for families, and resources for families of children with special needs. Preschool Development Grant (PDG) offers training to child**

care providers on Ages and Stages Questionnaire -3 screening tool, in addition to Ages and Stages
☑ Social and Emotional Questionnaire screening tool.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: **Missouri Early Learning Standards provide a universal framework of expectations for children's development and learning from infancy to kindergarten entry.**
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☒ Other optional domains. Describe any optional domains: **Science and Expressive Arts**
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Missouri Early Learning Standards (MELS) document was updated in 2021 and is a framework of expectations for children's development and learning from infancy to kindergarten entry. Each standard includes a description of what**

the child may be doing to demonstrate meeting the standard, as well as activities to give adults examples of ways to support the child in learning and mastering a skill or knowledge.

- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. <https://dese.mo.gov/childhood/quality-programs/preschool-programs/early-learning-standards>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Lead Agency has a recording available on the website that introduces the Missouri Early Learning Standards (MELS). Additionally, an online/on-demand training series has been developed that takes individuals through an overview of the standards and then goes into each standard in greater depth. The MELS are used as a reference when reviewing curriculums and assessments to be used with preschool aged children.**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
 - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used

to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency conducts needs assessment activities every three years. The results of the 2022 needs assessments are used to develop a strategic plan on the same three year cycle. Each year, the Lead Agency distributes a stakeholder survey to all early childhood system stakeholders, including child care providers, administrators, and the state and regional Parent Advisory Councils. As part of their quarterly meeting activities, the Early Childhood State Advisory Council reviews and discusses the results of the survey and strategic plan activities.**
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **As part of the state's Preschool Development Grant Birth to Five activities, the Lead Agency contracts with a public university to analyze program and service utilization data. The most recent needs assessment report is available at <https://dese.mo.gov/media/pdf/2022-early-care-education-needs-assessment> and shows the information below in bullet points. These data helped inform the offering of grants and training/professional development for childhood professionals.**
 - Missouri has the capacity to serve 39% of the population who may need child care, and 77% of the counties in the state (89 of 115) are considered a child care desert.
 - 17% of children under age six had a developmental screening from a home visiting program.
 - 14% of Missouri's licensed and license-exempt child care programs are accredited with a state recognized accrediting body.**During the needs assessment the lead agency found that that too few families have access to quality early childhood programs. The Lead Agency developed two goals to address the findings. The first goal of the Childhood Strategic Plan is to expand access to high quality programs and services. This will be done by identifying current gaps and maximizing existing and new resources. The second goal is to improve the quality of programs and services. This will be done by developing an agreed upon definition of quality and providing aligned support and incentives for professionals to drive continuous improvement in the quality of early childhood programs and services.**

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency developed a new tab on the OOC Child Care and Development Fund (CCDF) webpage that houses the Quality Progress Report (ACF-218), in addition to the expenditure reports (ACF-696). <https://dese.mo.gov/childhood/child-care-subsidy/child-care-dev-fund>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
☐ No plans to spend in this category of activities at this time.
☒ Yes. If yes, describe current and future investments. **The Lead Agency supports training and professional development through both in-person and online formats. Training is provided by Quality Specialists who work in the Child Care Collaborative Networks, Quality Specialists who work with the Quality Assurance Report, Child Care Health Consultants, and the Missouri AfterSchool Network. Online/on-demand training will continue to be developed and added to the professional development registry.**
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.
☒ No plans to spend in this category of activities at this time.
☐ Yes. If yes, describe current and future investments.
 - iii. Developing, implementing, or enhancing a quality improvement system.
☐ No plans to spend in this category of activities at this time.
☒ Yes. If yes, describe current and future investments. **The Lead Agency has developed a quality and recognition system, Quality Assurance Report. This system recognizes that quality may look a little different from program to program, which allows individuality and choice. Programs are supported throughout their journey using continuous quality improvement practices.**
 - iv. Improving the supply and quality of child care services for infants and toddlers.
☐ No plans to spend in this category of activities at this time.
☒ Yes. If yes, describe current and future investments. **The Lead Agency supports providers who care for infants and toddlers through the Child Care Collaborative Networks. The Infant/Toddler network specifically offers support for individuals**

who work directly with infants and toddlers. Quality Specialists provide onsite coaching and technical assistance based on the needs of the caregivers. They also provide training opportunities across the state specifically designed for caregivers who work with infants and toddlers.

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Lead Agency supports a statewide Early Care & Education Resource and Referral service that offers families and providers several ways to learn about child care options that fit their needs, including an online self search database, call center, chat option, video calling, and email option. The Lead Agency will continue to evaluate family and providers needs and adjust services to meet those needs. In the current contract, the Lead Agency expanded the R&R activities to include community outreach and leadership activities to promote engagement at the community, provider, and parent level.**

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Lead Agency employs all inspectors responsible for conducting initial and annual visits for regulated programs and investigations of reported child care issues.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Lead Agency is working to implement an Infant and Early Childhood Mental Health consultation program to provide a Multi-Tiered System of Supports for child care professionals in the State of Missouri to assist in the promotion of young children's healthy social and emotional development and the well-being of the professionals they serve, prevent suspension and/or expulsion, implement culturally responsive practices, and provide trauma-informed care.**

- x. Other activities determined by the Lead Agency to improve the quality of child

care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Lead Agency offers supports to home based child care providers and preschool child care providers, through the Child Care Collaborative Networks. As with the infant/toddler network, these networks specifically offer support for individuals who work in each respective capacity. Quality Specialists provide onsite coaching and technical assistance based on the needs of the caregivers. They also provide training opportunities across the state specifically designed for caregivers who work in the settings. Support for individuals who are working afterschool programs is also provided through the AfterSchool Network. The Lead Agency will continue to explore ways to support individuals who work in all setting where care is provided.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **Early Childhood State Advisory Council (ECSAC) members consist of representatives from the Lead Agency, partnering state agencies, as well as members of the General Assembly, a local education agency, an institute of higher education, the Head**

Start State Director, a child care provider, the Office of Coordination of Education of Homeless Children and Youth, four early interventionists, and four parents of children with disabilities. The mission of the ECSAC is to advise and assist the Lead Agency in serving children from birth to kindergarten entity, including children who have developmental delays and disabilities, in providing family-centered, comprehensive service delivery system which promotes optimal child development and family functioning. Council responsibilities include conducting statewide needs assessment, identifying opportunities for and barriers to collaboration, developing recommendations to increase program participation, and professional development. The council also helps assess the capacity and effectiveness of work force initiatives and early learning standards.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

☒ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Lead Agency is responsible for IDEA Part C and Part B, Section 619 as part of the Office of Childhood. Under this single office, the Lead Agency is able to make decisions about child find, universal screening, and referral practices that take place across programs serving children birth to age five as a way to identify children with special needs. Coordination goals include increasing the number of developmental screenings and decreasing the number of children who are ineligible for Part C after an evaluation was conducted. Additionally, coordinating a smooth transition from Part C to Part B, Section 619 is part of the school readiness initiative being undertaken by the Lead Agency.**
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Lead Agency provides funding to support the Missouri Head Start State Collaboration Office in its efforts to coordinate the state's Head Start services. An MOU between the Collaboration Office, the Lead Agency, and the Missouri Head Start Association encourages collaboration among Head Start and Early Head Start programs, early education and child care programs and services supported by the agreement parties to enhance the quality of care from birth through kindergarten entry. It also encourages the development of local agreements tailored to meet the unique needs of community programs and necessary partnerships.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency has an MOU with Department of Mental Health and Department of Health and Senior Services for the goal of improving the quality and availability of safe and healthy child care. As part of this MOU, the Lead Agency receives reports about how many families receive immunization education. In collaboration with DHSS, the Lead Agency provides child care health consultation and/or education to child care providers related to health issues in child care settings and health promotion activities to children in child care, which includes providing immunization education through the local public health agencies. In**

addition, the Lead Agency has established indicators of school readiness that include the percentage of children with up- to-date immunizations as part of Health Services necessary for children to be ready for school. The Lead Agency is modifying the existing MOU with DHSS in order to collect these data as part of school readiness indicators.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Missouri Department of Higher Education and Workforce Development (DHEWD) is responsible for implementation of the Workforce Innovation and Opportunity Act (WIOA) state plan. Multiple state agencies oversee nearly 70 employment and training programs. The Lead Agency conducts outreach to the WIOA steering committee, local partnerships, and other interested stakeholders to determine program efficiencies that support increases and stability in the child care sector. The Lead Agency partners with DHEWD to provide registered apprenticeship opportunities to child care providers in five areas of the state.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency is responsible for the coordination of pre-kindergarten education. Missouri has made significant strides in increasing public and private pre-kindergarten opportunities in the past year with the implementation of The Missouri Quality Prekindergarten program. These efforts have resulted in 6,403 awarded prekindergarten slots in public and private programs.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency began oversight of the DHSS child care licensing and regulation team on August 28, 2021. This allows for the coordination of child care licensing with other child care activities by combining professional development efforts and utilizing each other's expertise to meet a common goal for early childhood professionals and child care providers. Licensed child care providers who participate in the Child Care Subsidy Program struggle with meeting the training requirements for each program. By combining efforts, we can ensure that trainings developed for one provider type will also meet the requirements of another provider type. In addition to professional development, the Lead Agency has the ability to develop one background screening process for licensed and subsidy providers. The Lead Agency will analyze the differences between the monitoring visits that unlicensed subsidy providers receive and will work toward a process to combine the monitoring visits with regulatory visits for license-exempt providers who are currently receiving two separate inspections/visits.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Lead Agency coordinates quarterly meetings with representatives from the Environmental Child Care Program and the Child and Adult Care Food Program housed in the DHSS. The goal of the quarterly meetings is to maintain open communication in the activities of each participating agency, to develop recommendations on health and safety best practices in child care settings, to develop and implement healthy meal practices in child care settings, and to integrate these recommendations into the state's professional development/training system. Evidence of this coordinated effort is in the materials developed for inclusion in the Child Care Provider Policy Manual.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local

McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Lead Agency's homeless coordinator collaborates with state social service agencies through participation in the Special Education Advisory Panel and Missouri Early Childhood State Advisory Council. These councils include members who are professionals working in the areas of health and mental health, preschool programs, community organizations, and other agencies. One of the goals of these councils is to improve the provision of comprehensive education and related services to homeless preschool-aged children and their families. Additionally, the state homeless coordinator conducts at least two webinars each year and presents at a number of conferences (e.g., Missouri Interagency Council on Homelessness, Continuum of Care, Federal Programs Conference, DHSS School Nurses Conference, National Association for the Education of Homeless Children and Youth Conference, and the Conference on the Young Years) in order to raise awareness on topics relevant to the Education of Homeless Children and Youth Program. The state homeless coordinator and the assistant director of Missouri State Head Start Collaboration Office are participating members of the Missouri Interagency Council on Homelessness. The Lead Agency provides ongoing training to ensure all LEAs are compliant with the school of origin inclusion for preschool students and to ensure that preschoolers experiencing homelessness have equal access to public preschool programs administered by the Lead Agency and LEAs as provided to other children. The Lead Agency reviews and monitors preschool policies and practices of LEAs through the Tiered Monitoring System, including the requirement that LEAs ensure that homeless preschool-aged children are identified by school personnel. This includes children with disabilities under Part B of the IDEA or qualified students with disabilities under Section 504 of the Rehabilitation Act of 1973. Finally, the Lead Agency provide trainings on the Child Care Subsidy program for community organizations who serve homeless families. One of the goals for these community organizations is to have an understanding of the policies and the necessary documentation required for the Child Care Subsidy program so the organizations can assist families in the application process.**

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency has an MOU with DSS to share and match data for TANF and SNAP. This coordination allows the Lead Agency to quickly verify if families applying for child care assistance are participants of TANF, as TANF participants are categorically eligible for child care.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Lead Agency has established an MOU to coordinate benefits with Missouri HealthNet, the state's Medicaid and Children's Health Insurance Program (CHIP), to ensure therapies (e.g., physical therapy, occupational therapy, speech pathology) provided by Part C and Pat B, Section 619 programs are billable for Medicaid-eligible children for the purposes of maximizing the family's benefits in both programs. The goal of this coordination is to ensure increased access to early intervention and school-based services for children with significant delays and/or disabilities. Data collected on Part C services indicate approximately 50% of children enrolled receive this benefit (data are not collected on this for Part B, Section 619 services). Additionally, the Lead Agency has an MOU with Department of Social Services, Family Support Division (DSS, FSD) to accept and process a coordinated application for families applying for Medicaid and CHIP programs as well as child care subsidy. DSS, FSD is responsible for eligibility determination for all of these programs, and the coordinated**

application is of benefit to families when they can fill out one application for access to multiple state assistance programs.

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **There are various entities in Missouri that contribute to early childhood mental health (ECMH) supportive services in early childhood settings. The Lead Agency is contracting to provide Infant and Early Childhood Mental Health (IECMH) consultation services. This is implemented using a Multi-Tiered System of Supports (MTSS) to assist in the promotion of young children’s healthy social and emotional development and the well-being of the professionals they serve, prevent suspension and/or expulsion, implement culturally responsive practices, and provide trauma-informed care. Development of this concept was completed over a period of time with input from the Department of Mental Health and Department of Elementary and Secondary Education School Based Mental Health. Additionally, Part B 619, Part C, Early Head Start all reside within the Lead Agency allowing seamless coordination. As Missouri’s Quality Assurance Report has developed, the Lead Agency meets regularly with the Head Start State Collaboration Office Director and the Department of Mental Health, Early Childhood Wellness Coordinator to connect various perspectives when determining what quality early childhood education should look like across the state. Missouri values partnering with other agencies to ensure that there is a cohesive approach.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Early Care & Education Resource and Referral agency coordinates local childhood community leaders across the state. These childhood community leaders are tasked with creating local strategic plans to strengthen the early childhood mixed delivery system in their region. One of the responsibilities of the childhood community leaders is to help keep local stakeholders informed of the Lead Agency’s initiatives including the training and professional development opportunities. This coordination between state and local communities helps the state understand the desired professional development in local communities and informs types of training and amount of training offered.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency collaborates with Missouri AfterSchool Network (MASN) and is a member of the Missouri AfterSchool Leadership Team, which meets regularly to discuss and set the direction for their statewide efforts. The AfterSchool Leadership Team membership includes state department representatives, statewide and regional organizational partners, and program directors and site coordinators from afterschool and summer enrichment programs. The AfterSchool Leadership Team has four standing committees: Quality & Professional Development, Public Awareness, Public Policy, and STEM. In addition to serving on the AfterSchool Leadership Team, Lead Agency staff provide presentations at the Missouri School Age Conference (MOSAC) and other statewide afterschool events.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency facilitates the Emergency Management Child Care Workgroup that consists of representatives from the Lead Agency, early childhood service providers, the Department of Public Safety Emergency Management Office, local governments, and child care providers. The goal of this workgroup is to**

maintain a working Child Care Disaster Plan that meets all federal and state regulations. In addition, the Lead Agency participates in quarterly meetings of the State's Children and Youth in Disasters committee to stay up-to-date on changes in the state's emergency management plan and activities and to consider necessary revisions to the Child Care Disaster Plan.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency is a liaison for the EHS/CC Federal Partnerships. Lead Agency staff provides technical assistance on the state subsidy program and attends advisory meetings. Lead Agency staff also work with MHSSCO and Missouri Head Start Association in coordinating meetings and trainings as requested for the EHS/CC Partnerships. The coordination strengthens the child care opportunities by providing the comprehensive child development and family support for low income children.**
 - ii. ☐ State/Territory institutions for higher education, including community colleges. Describe:
 - iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
 - iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Lead Agency is responsible for administering the Maternal and Child Home Visitation program (MIECHV). Under the new Office of Childhood, the Lead Agency consolidated Home Visiting programs from three state agencies (Departments of Social Services, Health and Senior Services, and Elementary and Secondary Education) to streamline services and ensure providers have a consistent point of contract. Over the next three years, the Lead Agency will define areas of comparable data collection and evaluate the capacity to integrate home visiting programs throughout local and state levels of the early childhood system.**
 - v. ☐ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
 - vi. ☒ State/Territory agency responsible for child welfare. Describe: **DSS, Children's Division (CD) is responsible for child welfare. CD investigates allegations of child abuse and neglect in multiple settings, including child care facilities. After an investigation, CD will make a determination whether the allegations are substantiated or not substantiated. CD works with families that need preventative services which may include child care, to assist the families in maintaining familial custody. If there is a substantiated determination in a child care setting, CD provides the Lead Agency with its decision. If the provider receives subsidy, necessary remedial action, including staff termination, must be instituted or the provider's agreement or contract will be terminated.**
 - vii. ☐ Child care provider groups or associations. Describe:
 - viii. ☒ Parent groups or organizations. Describe: **The Lead Agency has established a**

Parent Advisory Council (PAC) consisting of parent leaders located throughout the State of Missouri. The PAC was established with the goal of including the parent voice before, during, and after important policies or other decisions are made. The PAC meets regularly to discuss family leadership activities across the state. One of the focus areas of the PAC is safe children and communities because the PAC is involved in the prevention of child abuse and neglect at the state level and in their own communities.

- ix. ☒ Title IV B 21st Century Community Learning Center Coordinators. Describe: **The Lead Agency administers afterschool grant funding opportunities using the 21st Century Community Learning Center funds. Before and afterschool programs provide students with academic enrichment opportunities and activities designed to complement their regular school day's academic program during non-school hours by providing a range of high-quality services to support student learning and development.**
- x. ☐ Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☒ No. (If no, skip to question 8.2.2)

☐ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:
 - ☐ Title XX (Social Services Block Grant, SSBG)
 - ☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)
 - ☐ State- or Territory-only child care funds
 - ☐ TANF direct funds for child care not transferred into CCDF
 - ☐ Title IV-B funds (Social Security Act)
 - ☐ Title IV-E funds (Social Security Act)
 - ☐ Other. Describe:
- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?
 - ☒ Yes. If yes, describe which funds are used: **General Revenue and state Early Childhood Development and Education/Care funds.**
 - ☐ No.
- b. Does the Lead Agency use donated funds to meet match requirements?
 - ☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:
 - i. ☐ Donated directly to the state.
 - ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
 - ☒ No.
- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs

are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☒ Yes.

☐ No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency contracts with the ECER&R to maintain a comprehensive and up-to-date online database of child care providers in Missouri. The ECER&R contractor must provide required services statewide and shall ensure uniformity in the delivery of services. The contractor provides statewide resource and referral services including consumer education related to the types of childcare available, 1:1 support to help families find the most appropriate child care based on their needs, collect referral data to other services like early intervention, and the collection of supply and demand data. They also oversee local childhood community leader activities which include the development and implementation of a local early childhood strategic plan. Each region in the state has a group of local childhood community leaders who work with stakeholders including families and providers to strengthen the local ECE system, establish relationships with public and private agencies to increase access to and quality of child care.**

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency uses General Revenue to expand the number of Early Head Start (EHS) slots that are embedded in private child care programs. The competitive bid process requires the bidders to be federal EHS grantees using the federal partnership model that expands EHS through private child care programs. The contracts undergo an annual risk assessment to determine the level of tiered monitoring required to ensure the partner is in compliance with the contract and program goals.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Lead Agency is identifying key members of a stakeholder group who will review and revise the existing Child Care Disaster Plan that was originally developed by the Missouri Department of Social Services in 2013, which was prior to the creation of the Office of Childhood. The Lead Agency expects to have a stakeholder group formed with the goal of completing a revised Child Care Disaster Plan within the upcoming year.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - ☒ State human services agency.
 - ☒ State emergency management agency.
 - ☒ State licensing agency.
 - ☒ State health department or public health department.
 - ☒ Local and State child care resource and referral agencies.
 - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
 - iii. ☒ The plan includes guidelines for the continuation of child care services.
 - iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - ☒ Procedures for evacuation.
 - ☒ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☒ Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

- vi. [x] The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. [x] The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: <https://dss.mo.gov/cd/child-care/files/missouri-childcare-disaster-plan.pdf>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The Lead Agency provides a variety of ways for complaints to be reported on child care providers. Parents can report a complaint via the web at: <https://dese.mo.gov/childhood/child-care/concerns>, verbally (in-person or by phone), in writing (mail, email, or fax) or by calling their local child care licensing office. Complaints regarding child care facilities are investigated by the Child Care Compliance Section.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Lead Agency utilizes a translation contractor**

so that calls and communications can be redirected to someone who speaks the family's native language to ensure all parties are able to understand clearly.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Complaints regarding child care providers can be reported in various fashions, including verbally and written. With these procedures in place, there is an ease in communication for individuals who have specialized needs.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: Complaints against licensed, license-exempt, or exempt child care providers are investigated by the Lead Agency regardless of if they are CCDF providers or not. The Lead Agency has staff on phone duty Monday - Friday from 8:00 am through 4:30 pm to answer questions and receive complaint allegations. Complaints are screened by the intake person to determine if the allegation, if substantiated, would be a violation of a state regulation, statute, contractual, or health or safety violation or if the child abuse and neglect (CA/N) hotline needs to be notified. As mandated reporters, Lead Agency staff are required to make a report to the hotline and co-investigate the complaint with the DSS Children's Division Out of Home Investigation (OHI) unit. The Lead Agency intake person completes an intake form and the supervisor assigns the complaint to a Compliance Inspector (CI). The Lead Agency has three complaint priority levels: high, medium, and low. The priority level of the complaint indicates to the CI how many days they have to initiate the complaint investigation. High priority complaint investigations are initiated within one workday and include, but are not limited to, the death of a child, immediate danger of death, and allegations that pose an immediate risk or serious physical injury. Medium priority complaints are initiated within five working days and include, but are not limited to, accidental injury, safety or health hazards, and supervision problems. Low priority complaint investigations are initiated within 10 working days and include, but are not limited to, record keeping deficiencies, meal deficiencies, and illegal child care. Complaint investigations are to be investigated and a final disposition sent to the provider within 60 days of receipt of the allegation. Substantiated complaints mean the investigation of allegations of statute/rule violations produced evidence, proof, or compelling information to support that the allegations are true. The disposition date is the date that CI Supervisor has approved and reviewed all evidence/information required for determining whether or not there is a statute and/or rule violation.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency maintains documents of substantiated parental complaints electronically in the child care provider file for child care providers who are registered for CCDF with the Lead Agency. The Lead Agency uses a complaint reporting system called Child Care Regulation Information System (CCRIS) to maintain all complaint investigations on licensed and license-exempt (religious organizations and nursery schools) providers from intake to final disposition.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in

subsection 9.2: **The Lead Agency maintains documentation of substantiated complaints within the electronic Child Care Regulation Information System (CCRIS) and are available upon request to the public. All substantiated complaints on licensed, license-exempt, and exempt providers are released to the Show Me Child Care Search Portal. This portal allows individuals to search for a childcare provider and view inspection reports and substantiated complaints for licensed and subsidy child care providers.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://dese.mo.gov/childhood/child-care-subsidy>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
☒ Yes.
☐ No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
☒ Yes.
☐ No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://dese.mo.gov/media/pdf/family-child-care-home-licensing->**

checklist

<https://dese.mo.gov/media/pdf/group-child-care-home-and-child-care-center-licensing-checklist-0>

- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **Processes for licensed and regulated providers are available at: <https://dese.mo.gov/childhood/child-care/inspection-process>**
Processes for CCDF providers can be found in the Contract for Child Care Subsidy Services Terms and Conditions here <https://dese.mo.gov/media/pdf/child-care-provider-subsidy-agreement-terms-and-conditions>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **The background screening information is located at <https://dese.mo.gov/childhood/child-care/background-check-process>**
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://www.sos.mo.gov/CMSImages/AdRules/csr/current/5csr/5c25-600.pdf>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
☒ Yes.
☐ No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **<https://healthapps.dhss.mo.gov/childcaresearch/>**
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 - ☒ License-exempt center-based CCDF providers.
 - ☒ License-exempt family child care CCDF providers.
 - ☒ License-exempt non-CCDF providers.
 - ☐ Relative CCDF child care providers.
 - ☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results
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	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. ☒ All licensed providers. Describe: **Substantiated complaints.**
- ii. ☒ License-exempt CCDF center-based providers. Describe: **Substantiated complaints.**
- iii. ☒ License-exempt CCDF family child care providers. Describe: **Substantiated complaints.**
- iv. ☒ License-exempt, non-CCDF providers. Describe: **Substantiated complaints.**
- v. ☐ Relative CCDF providers. Describe:
- vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. ☐ Quality improvement system.
 - ii. ☐ National accreditation.
 - iii. ☐ Enhanced licensing system.
 - iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.
 - v. ☐ Meeting pre-Kindergarten quality requirements.
 - vi. ☐ School-age standards.
 - vii. ☒ Quality framework or quality improvement system.
 - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. ☒ Licensed CCDF providers. Describe the quality information: **Quality Assurance Report (QAR) recognizes community-based early learning programs, school-based preschool programs, and family child care that demonstrate quality practices. QAR supports programs through continuous quality improvement efforts with individualized coaching, training opportunities, and access to quality supports and resources.**
 - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **Quality Assurance Report (QAR) recognizes community-based early learning programs, school-based preschool programs, and family child care that demonstrate quality practices. QAR supports programs through continuous quality improvement efforts with individualized coaching, training opportunities, and access to quality supports and resources.**
 - iii. ☒ License-exempt center-based CCDF providers. Describe the quality information: **Quality Assurance Report (QAR) recognizes community-based early learning programs, school-based preschool programs, and family child care that demonstrate quality practices. QAR supports programs through continuous quality improvement efforts with individualized coaching, training opportunities, and access to quality supports and resources.**
 - iv. ☒ License-exempt FCC CCDF providers. Describe the quality information: **Quality Assurance Report (QAR) recognizes community-based early learning programs, school-based preschool programs, and family child care that demonstrate quality practices. QAR supports programs through continuous quality improvement efforts with individualized coaching, training opportunities, and access to quality supports and resources.**
 - v. ☒ License-exempt non-CCDF providers. Describe the quality information: **Quality Assurance Report (QAR) recognizes community-based early learning programs, school-based preschool programs, and family child care that demonstrate quality practices. QAR supports programs through continuous quality improvement**

efforts with individualized coaching, training opportunities, and access to quality supports and resources.

- vi. ☐ Relative child care providers. Describe the quality information:
- vii. ☐ Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
 - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
 - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
 - iv. ☒ The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child care providers eligible for CCDF are required to report a serious injury or death of a child in care within 24 hours of the incident using an online form accessible through the Lead Agency's website.**
 - ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **The Lead Agency uses the standard set by the child welfare agency, which is "Preponderance of Evidence" as the definition for substantiated child abuse and neglect reports: "that degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not."**
 - iii. The definition of "serious injury" used by the Lead Agency for this requirement: **A**

"serious injury" to a child is one that occurs while the child is at the child care provider, or away from the child care provider's facility but still in the care of the child care provider, and an injury results in the child being treated by a medical professional or admitted to a hospital.

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: <https://dese.mo.gov/childhood/child-care-subsidy/child-care-dev-fund>.

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

☒ Yes.

☐ No.

☐ Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:
<https://dese.mo.gov/childhood/child-care-subsidy> By clicking on "Search for Child Care Providers" the family will be directed to a list that includes the ECER&R website:
<https://united4children.org/resource-and-referral/>.

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to this information: **The Lead Agency's contact information is located on the bottom right of the consumer education website:**
<https://dese.mo.gov/childhood/child-care-subsidy>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect

to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to the sliding fee scale.

<https://dese.mo.gov/media/pdf/october-2023-child-care-subsidy-income-limits-and-sliding-fee-chart-0>.

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Parents, guardians, and the general public may access information on financial assistance for Missouri child care, TANF, Women, Infants and Children (WIC) Program, and other financial supports, information on selecting a child care provider, services for children with special needs, parent education and other early childhood programs and supports through ECER&R website at <https://united4children.org/resource-and-referral/>. Written materials are available online and are sent by mail or email to families who request them. Families may also request these materials in different languages and translated materials will be provided. The ECER&R provider operates a fully staffed call center that helps educate families about these programs. Families may engage with the call center by phone, online chat, video call, email, or text message and may request translation services, if they so require. Call center staff share information that is applicable to the families' specific needs. The ECER&R provider coordinates the work of childhood community leaders in regions across the state. Community leaders work to increase awareness of and coordination among early childhood programs and resources in their regions. They develop local early childhood plans that identify local needs related to the early childhood system and outline action steps to address these needs. Each plan includes strategies for engaging with stakeholders including child care providers and parents. The ultimate goal of childhood community leader work is a coordinated system of early care and education with a place for every family to access resources and services that promote safe and healthy learning environments for young children. The Lead Agency's website with information about childhood community leaders is at: <https://earlyconnections.mo.gov/what-we-do/communityleaders>.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.

- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency's website for early childhood programs is organized by user type to provide information for parents, professionals,**

and the general public on a variety of topics such as child development, health and safety and includes links to various state partners who offer services such as parent education, home visiting, early intervention, afterschool, Early Head Start, etc. The website also includes documents detailing best practices for family engagement and best practices in early care and education for professionals.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The policy statement on social-emotional and behavioral health is available at: <https://dss.mo.gov/cd/child-care/files/policy-statement-social-emotional-behavior.pdf>. This policy statement outlines the agency's position on children's social-emotional and behavioral health and contains information for child care providers to build positive and healthy relationships. The policy is reinforced through the Early Childhood Social and Emotional Health training available to child care providers who serve infants, toddlers, preschoolers, and school-age children. The Lead Agency will update the policy to reflect the transition to the Office of Childhood.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency's policy statement on exclusionary practices states the use of expulsion and suspension are negative experiences that hinder children's development and learning. It is the policy of the Lead Agency to work toward eliminating expulsion and suspension practices in Missouri's subsidized child care settings. The Lead Agency supports providers and parents by raising awareness about expulsion, suspension, and other exclusionary disciplinary practices in child care settings, developing a goal-driven process for improvement that is informed by a coordinated data system across early childhood sectors, investing in the workforce development system by assisting providers in establishing preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and promote the use of evidence-based practices, and reviewing and updating policies regarding program quality that are specifically targeted to both increase overall quality or early learning services and reduce or eliminate expulsions, suspensions, and other exclusionary discipline practices. The Lead Agency contracts to deliver statewide inclusion supports that assist families and providers to maintain appropriate child care placement. With the alignment, the Lead Agency will look for ways to align the delivery of inclusion services to incorporate the policies into their work and disseminate information to families and providers.**

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Lead Agency’s policy statement on exclusionary practices states the use of expulsion and suspension are negative experiences that hinder children’s development and learning. It is the policy of the Lead Agency to work toward eliminating expulsion and suspension practices in Missouri’s subsidized child care settings. The Lead Agency supports providers and parents by raising awareness about expulsion, suspension, and other exclusionary disciplinary practices in child care settings, developing a goal-driven process for improvement that is informed by a coordinated data system across early childhood sectors, investing in the workforce development system by assisting providers in establishing preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and promote the use of evidence-based practices, and reviewing and updating policies regarding program quality that are specifically targeted to both increase overall quality or early learning services and reduce or eliminate expulsions, suspensions, and other exclusionary discipline practices. The Lead Agency contracts to deliver statewide inclusion supports that assist families and providers to maintain appropriate child care placement. With the alignment, the Lead Agency will look for ways to align the delivery of inclusion services to incorporate the policies into their work and disseminate information to families and providers.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

☒ Yes.

☐ No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
- ☒ Yes.
- ☐ No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
- ☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Lead Agency provides parents with information on how to determine if their child has a special need via a brochure with information about Missouri’s First Steps and Early Childhood Special Education programs. The brochure may be found at this website: <https://dese.mo.gov/media/pdf/child-care-assistance-children-special-needs>**
- ☐ No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
- ☒ Yes.
- ☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency’s organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency employs a Program Integrity Team responsible for monitoring child care providers through Corrective Action plans, desk reviews, and fraud investigations. The Program Integrity Team consists of a supervisor and team members who are responsible for distinct tasks, for example, the team member responsible for Corrective Action**

plans does not do the desk reviews so there is a separation of duties within the team. In the case of an investigation, the Program Integrity Team supervisor gives an objective review and reports directly to the CCDF Administrator. Within the Lead Agency, the Program Integrity Team coordinates with the OOC child care compliance and regulation teams to assess all reported complaints about child care providers as well as the legal services team to review any findings that may require further legal action. The development and revision of program integrity procedures are completed in collaboration between the Lead Agency's Program Integrity Team and finance team. The program integrity team coordinates with the Lead Agency's finance team in the event that the recoupment of funds is necessary. The Lead Agency Program Integrity Team is separate from the subsidy payment and agreement teams to ensure staff issuing payments and contracts are not the same staff responsible for monitoring providers. The Lead Agency has two primary mechanisms for identifying fraud, through proactive and reactive investigations. Proactive investigations come in the form of assigned monthly desk reviews to audit provider practices. Reactive investigations come in the form of complaints sent to the Lead Agency and investigated accordingly.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The state of Missouri utilizes an accounting system called SAMII which has multiple internal controls, including various required approval levels, spending authority controls, secured access, cash availability and management rules, obligation and liquidation checks. Missouri Department of Elementary (DESE) has a comprehensive general fiscal guidance for federal grant programs that covers the requirements and procedures necessary for responsible financial grant management at both the grantor and grantee level in accordance with the Uniform Grant Guidance and the Education Department of General Administration Regulations. Invoices for subsidy payments for direct services are due in CCDS within 60 days of the service month. At least one staff member in the Lead Agency review the invoices for contract compliance. Upon review, if approved, staff in the Lead Agency forward the results to the Childhood Finance team for final review and payment. Prior to denial, staff contact the provider for an opportunity to provide missing or corrected information. If denied, the provider is notified accordingly along with the instructions on how to request an administrative review. Invoices for grants and contracts are submitted monthly or quarterly depending on the terms and conditions of the contract. In addition,**

the Lead Agency completes a yearly review to ensure contract/grant requirements are met.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency sets up grants based on spend plan activities that align with CCDF regulations. Grants are set up in the accounting system based on each individual grant's requirements with a coding string which allows for the "fund code" for that grant, "org code", "appropriation code" and a "reporting category" that distinguish each expenditure separately so they can be tracked appropriately. These funding streams are set up based on the type of expenditure. Invoices are submitted to the Childhood Finance team, where they are distributed to the contract manager, who review expenditures submitted by the contractor to ensure invoiced expenses meet contract requirements and are allowable expenses. The Childhood Finance team then processes and tracks expenditures to monitor expenditures through the contract year.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Lead Agency prepares the data for federal reporting by a review of data conducted by subject matter experts in the Office of Childhood. The type of data that are reviewed depend on the reporting requirements (e.g., quality, fiscal, aggregate child count). After previewing the data, the CCDF co-administrator prepares the report and submits in the federal reporting system.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency has several checks and balances in place to ensure proper payments are made to child care providers and/or contractors. Program staff review documents prior to finance staff processing the payments. For example, invoices are reviewed by program staff in the Lead Agency staff for appropriate activities, then the invoices are sent to the finance team to review and approve to pay. The Lead Agency makes payments to child care providers through an online, web-based system called child care data system (CCDS). This system interfaces with a web-based attendance system called child care business information system (CCBIS) to verify the accuracy of invoices. The attendance system has internal controls such as photo capabilities, a GPS locator, and time clocks to help prevent fraud. Payments are made on a timely basis by allowing child care providers to invoice the first day of the month following a service month. These processes have allowed Lead Agency staff to better identify where funds are being directly spent and track areas requiring further training for child care providers to prevent unintentional fraudulent behavior.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency conducts post-payment reviews to verify accuracy of payments by analyzing the daily Error Reports generated from CCDS. Payment records and invoices are stored in CCDS and remain available to both providers and Lead Agency staff for their**

regular review for payment accuracy.

- c. How the results inform implementation. Describe: **The Lead Agency uses the outcomes from post-payment reviews to inform training or re-training of child care providers or other professionals on the systems and procedures used for documenting and collecting information for payments. As needed, individual technical assistance may be provided by the Lead Agency or its contractors assisting with implementing fiscal management and sound business practices. The Lead Agency finds child care providers or other professionals who are trained or receive technical assistance have fewer or no follow up payment issues.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency assesses risk through rigorous policies, plans, and procedures that include internal controls for financial management, property standards, procurement, financial monitoring, sub recipient monitoring, record retention, and remedies for non-compliance.**
DESE's Administrative Manual contains organizational policies established in accordance with federal and state law and the rules and regulations of the State of Missouri, Office of Administration. The main purpose of this Manual is to explain to staff how these laws and regulations are to be applied within DESE through procedural steps.
DESE's Internal Control Plan contains processes established in accordance with federal and state law and the rules and regulations of the Office of Administration. The main purpose of this plan is to ensure internal controls are implemented to help safeguard DESE from fraud and abuse, minimize risks, protect assets, ensure accurate records, and promote efficiency.

The Lead Agency assesses risk for the subsidy program by reviewing activities that are commonly tied to fraudulent practices. When paying on attendance, Lead Agency program integrity staff conducts audits of providers' submitted attendance to ensure that it is signed and entered by parents, large amounts of attendance entered by the provider would be an indicator of fraudulent behavior. The Lead Agency Program Integrity Team monitors the accuracy of provider attendance and payment data, application timeframes, and provides feedback on possible concerns and suggests techniques for future monitoring. The Lead Agency has established a separation of duties with a program integrity unit acting as an individual unit apart from leadership of other units to ensure fair checks and balances. In addition, the Lead Agency participates in Improper Payment Reviews and undergoes periodic audits from the state auditor's office.

- b. The frequency of each risk assessment. Describe: **The Lead Agency assesses risks for grants and contracts throughout the life of the contract. Eligibility Supervisors review case determinations for any new staff before final approval to ensure accuracy in eligibility determination. In addition, Eligibility Supervisors conduct targeted case reviews on a**

monthly basis. The policies for targeted reviews include issues that have been identified through audit reports, monitoring activities, and new policy areas. These targeted reviews change quarterly based on trends and feedback from families and staff.

- c. How the Lead Agency uses risk assessment results to inform program improvement.
Describe: **The Lead Agency uses risk assessment results as part of ongoing risk management of the contract. The risk assessment identifies outstanding contractor and Lead Agency actions and potential impacts to the contract. Eligibility Supervisors review case determinations for any new staff before final approval to ensure accuracy in eligibility determination. In addition, Eligibility Supervisors conduct targeted case reviews on a monthly basis. The policies for targeted reviews include issues that have been identified through audit reports, monitoring activities, and new policy areas. These targeted reviews change quarterly based on trends and feedback from families and staff.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective.
Describe: **The targeted reviews help identify training needs on specific policies used by Eligibility Specialists. The Lead Agency uses the outcomes from the targeted case reviews to inform training or re-training of Eligibility Supervisors and Specialists on the systems and procedures used for documenting and collecting information from parents. As needed, individual technical assistance may be provided by the Eligibility Supervisors or Lead Agency. The Lead Agency finds staff trained or receive technical assistance have fewer or no follow up eligibility issues.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **All grants and contracts that are paid with CCDF funding are reviewed by administrators in the Lead Agency to ensure they are compliant with all applicable rules and regulations prior to execution. Additionally, staff who manage grants and contracts are engaged in ongoing technical assistance and training opportunities provided by ACF and their designees to further expand their understanding of CCDF eligibility.**

The Office of Administration, Division of Purchasing, provides the Lead Agency contract and grant guidance through the Contract Management Guide and Contract Management online/on-demand training. The guide and training standardizes contract requirements best practices and clarifies the roles and responsibilities of staff members. The Contract Management training consists of four modules: Introduction to Contract Management and Contract Formation, Kickoff, Performance Management, and Closeout.

The Lead Agency staff working in the payment and program integrity teams participate in the same training delivered to Eligibility Specialists, which occurs anytime there is a new policy or change in policy impacting child care subsidy. In addition, internal staff are trained on policy change notices during OOC monthly staff meetings. The Lead Agency consults with staff as any applicable policy is developed and reviewed, in order to obtain input prior to final decisions being made. Policy change notices affecting OOC staff are distributed through emails and information is included in the Lead Agency's Childhood Connections newsletter for stakeholders. In addition, policy change notices are communicated during OOC monthly staff meetings, and as needed. In order to promote ongoing coordination of child care subsidy activities, the Lead Agency meets quarterly with staff from DSS FSD to review policies and discuss their practices and procedures.

- ii. Describe how staff training is evaluated for effectiveness: **Results of targeted case reviews** are reviewed to determine if there is a need for policy clarification, rewrites, or additional training. The Lead Agency attends regular meetings with the frontline staff to answer questions and provide policy interpretation. These meetings build relationships with staff that allow up/down communication and understanding why a policy is implemented.
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency meets with DSS FSD leadership on a quarterly basis. Results of targeted case reviews, completed by DSS FSD Supervisors, are reviewed to determine if there is a need for policy clarification, rewrites, or additional training. The Lead Agency attends regular meetings with the frontline staff to answer questions and provide policy interpretation. These meetings build relationships with staff that allow up/down communication and understanding why a policy is implemented.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency requires all contracted providers and their staff to complete subsidy orientation training and at least one staff person view the mandatory CCDF training before they can contract to receive subsidy payments. The Lead Agency makes online training and other professional development opportunity available through the professional development system for providers in child care subsidy. Other training and professional development opportunities are available through the professional development system. In addition, providers and their staff must complete six additional hours of training annually to ensure they stay up to date with the safety protocols and educational trends of child care. The CCDF training covers the Child Care and Development Fund and how it relates to quality child care, the minimum health and safety training requirements for child care providers, health and safety requirements of the Child Care and Development Fund, and knowledge and best practices for the safety and wellbeing of children.**
 - ii. Describe how provider training is evaluated for effectiveness: **The Lead Agency provides a measure of impact of the training using pre and post assessments**

completed by participants. The results are analyzed quarterly to monitor effectiveness. The training is updated annually when determined necessary.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency uses data from Corrective Action plans to evaluate the areas of non-compliances to create additional trainings for providers.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency uses the results of the Error rate report to focus on administrative errors associated with client eligibility and improper authorizations for payment. We share these results with the eligibility unit and payment units. We create new policies or implement additional trainings depending on the results of the Error Rate Report.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency reviews state and federal audit results to assist in evaluating internal control activities. Other processes include reviewing the Monthly Child Care Subsidy Report for data inconsistencies or data trends, evaluating error rates on child authorizations, and seeking input from the State's budget and planning office on spend plans. The results of the audits are shared with stakeholders, the general assembly, executive leadership and the public.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The Lead Agency found internal monitoring procedures for the child care subsidy program were based on licensed programs only, which limited the ability to assess all provider types. In response, the identification of cases to monitor changed to random selection for all contracted providers regardless of licensure status.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or

nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has an MOU in place with DSS FSD to share and match data from TANF and SNAP. When the Lead Agency receives TANF information about a family, staff compare the information to child care subsidy to ensure it's consistent. The Lead Agency has an eligibility investigator under the Program Integrity Team who investigates cases of potential fraud.. When applicable, the Lead Agency uses the outcome of investigations to revise guidance for families, providers, and staff.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has an MOU in place with DSS FSD to share and match data from TANF and SNAP. When the Lead Agency receives TANF information about a family, staff compare the information to child care subsidy to ensure it's consistent. The Lead Agency has an eligibility investigator under the Program Integrity Team who investigates cases of potential fraud. When applicable, the Lead Agency uses the outcome of investigations to revise guidance for families, providers, and staff.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Staff in the Lead Agency are trained on policies during the hiring and onboarding process. Staff are also re-trained on key topics on a regular basis from results of investigations, as determined by the Lead Agency, but at a minimum on an annual basis. Lead Agency staff are trained to identify errors that may be intentional or unintentional. An eligibility investigator with the Lead Agency is notified when there are concerns of fraud or other program violations.**
- b. **[x]** Run system reports that flag errors (include types).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staff in the Lead Agency run monthly reports and review the reports to monitor absence and holiday errors, duplicate authorizations, holiday usage, other provider risk factors, and potential system errors as needed to identify misuse. Staff distribute report summaries that identify potential cases of fraud to agency leadership for review and input on additional actions to take as needed.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **The Lead Agency flags absence and holiday errors, duplicate authorizations, reports on holiday usage, and reports based on provider risk factors. All of the reports help identify unintentional program violations.**

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Lead Agency staff flag absence and holiday errors, duplicate authorizations, and other reports that may be as a result of a system error or agency error. The reports are a method of identifying system issues or misapplication of policy.**
- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Program Integrity Team selects providers each month to review and compare attendance records. Providers under review are selected based on various risk factors (i.e., large number of subsidy eligible children in care, no reported absences, etc.) that may indicate a higher risk of fraud or intentional program violations.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Program Integrity Team selects providers each month to review and compare attendance records. Providers under review are selected based on various risk factors (i.e., large number of subsidy eligible children in care, no reported absences, etc.) that may indicate a higher risk of fraud or program violations.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Enrollment documents, such as child care need verification, income verification, and documented requested schedule for child care, are reviewed during Eligibility Supervisory staff reviews to ensure the documents are accurately reflected and policy is applied appropriately. A sample of eligibility determinations are reviewed by Lead Agency staff monthly. Provider enrollment documents are reviewed initially, annually, and upon complaint by licensing and monitoring staff. The Program Integrity Team reviews a sample of provider attendance and billing records monthly.**
- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility Supervisory staff conducts routine data reviews and quality assurance reviews to ensure policies are applied correctly and as a second view of documentation to ensure program integrity. The Lead Agency's management team reviews a set of randomly selected cases from the previous month's eligibility determinations and provides feedback and guidance if errors are discovered.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility Supervisory staff conducts routine data reviews and quality assurance reviews to ensure policies are applied correctly and as a second view of documentation to ensure program integrity. The Lead Agency's management team reviews a set of randomly**

selected cases from the previous month's eligibility determinations and provides feedback and guidance if errors are discovered.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Supervisory staff in the Lead Agency conduct quality assurance reviews to ensure policy is applied correctly, as well as to identify any staff training needs that may need to be addressed.**
- e. **[x]** Audit provider records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Program Integrity Team selects providers each month to review and compare attendance records. Providers under review are selected based on various risk factors (i.e., large number of subsidy eligible children in care, no reported absences, etc.) that may indicate a higher risk of fraud or intentional program violations.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Program Integrity Team selects providers each month to review and compare attendance records. Providers under review are selected based on various risk factors (i.e., large number of subsidy eligible children in care, no reported absences, etc.) that may indicate a higher risk of fraud or program violations.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Program Integrity Team selects providers each month to review and compare attendance records. Providers under review are selected based on various risk factors (i.e., large number of subsidy eligible children in care, no reported absences, etc.) that may indicate a higher risk of fraud or program violations.**
- f. **[x]** Train staff on policy and/or audits.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staff in the Lead Agency are trained on policies upon hire and are provided refresher training on a regular basis, as determined by the Lead Agency but at a minimum on an annual basis. Lead Agency staff are trained to identify errors that may be intentional and send a referral for internal review when there are concerns of fraud or intentional program violations.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staff in the Lead Agency are trained to identify errors that may be intentional or unintentional. This may result in the identification of additional follow up training needs.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Staff in the Lead Agency are trained on Lead Agency and CCDF policies upon hire and are provided refresher training on a regular basis, as determined by the Lead Agency but at a minimum on an annual basis, to ensure policy is applied correctly and to ensure there is an understanding of policy and procedure. Lead Agency staff are trained on CCDF rules, as well as state statutes, rules, and policies pertaining to child care subsidy. In addition, Lead**

Agency supervisory staff are required to complete 40 hours of professional development annually. As a result of these activities, staff are knowledgeable of the requirements when implementing the procedures and practices.

- g. ☐ Other. Describe the activity(ies):
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency uses a system of checks and balances to ensure integrity within contracted work. Based on contract requirements, invoices are submitted as required with supporting documentation as required. The contract manager reviews all submissions , ensuring the invoice only contains allowable expenses. The invoice is then routed to the finance department for another level of review to verify the amount falls within the contracted amount. Upon approval of services provided by contractors and a properly prepared invoice, payments are made to the contractor. If the contractor fails to perform required work or services, fails to submit reports when due, the Lead Agency may withhold payment or reject invoices under the contract.**
The Lead Agency is responsible for overseeing all reports and recoupment of improper payments in the Child Care Subsidy Program. If intentional client or provider fraud is reported, it is investigated by the eligibility investigator within the Program Integrity Unit prior to a referral being sent to the prosecutor. If an error is discovered on a family eligibility application that is not intentional, the eligibility investigator will analyze the situation and recommend a course of action; the recommendation is reviewed by DESE OOC leadership prior to initiating a recoupment plan. If a provider overpayment occurs, it is investigated by the Lead Agency's Program Integrity Team to determine if and how much should be recovered.
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency requires**

recovery of an improper payment with a minimum dollar amount of \$5.00. Providers are notified of the amount, the dates of the errors, the reason for the overpayment and the method to contest the results.

- ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency investigates any cases of improper payments for child care that appear to be as a possible result of fraud or intentional violation. In these cases, the Lead Agency will investigate the case and determine if fraud can be identified for prosecution or if there is an intentional violation that can be identified for recovery. Additionally, the Lead Agency has an MOU in place with DSS FSD to share and match data from TANF and SNAP. When the Lead Agency receives TANF information about a family, staff compare the information to child care subsidy to ensure it's consistent.**
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once overpayment has been identified, the Lead Agency can recover through a repayment plan any overpayments identified, whether by an intentional or unintentional overpayments and regardless of the provider being a contracted or registered child care provider. The Lead Agency and the provider shall negotiate a repayment plan within 45 days from when the decision becomes final and may include a lump sum payment or equal monthly payments over a specified period of time. Every repayment plan that includes monthly installments shall also include a promissory note executed by the participant in favor of the Lead Agency. The participant shall then make payments as directed in the repayment plan.**
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Lead Agency can recover from future payments any overpayments identified, whether by an intentional or unintentional violation, and regardless of the provider being a regulated child care provider.**
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has established a Program Integrity Team to investigate potentially improper attendance practices that may result in improper payments. Each month a percentage of randomly selected providers will be reviewed for accuracy and any discrepancies will be investigated to determine if any improper invoicing occurred. Additionally, the child attendance system has reporting features that will also identify potential circumstances that could be indicators of improper practices. The Program Integrity Team will use this information to determine if an investigation will be conducted. The Lead Agency investigates any cases of improper payments for**

child care that appear to be as a possible result of fraud. In these cases, the Lead Agency's eligibility investigator will analyze the case and determine if fraud can be identified for prosecution or if there is an intentional violation that can be identified for recovery. All improper payments will be referred to the financial unit to initiate recovery. Using the data collected, the Lead Agency will consider if additional methods should be added to the investigation practices.

- viii. **[x]** Other. Describe the activities and the results of these activities: **Upon approval of services provided by contractors and a properly prepared invoice, payments are made to the contractor. If the contractor fails to perform required work or services, fails to submit reports when due, the Lead Agency may withhold payment or reject invoices under the contract.**

- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency requires recovery of an improper payment with a minimum dollar amount of \$5.00. Providers are notified of the amount, the dates of the errors, the reason for the overpayment, and the method to contest the results.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency investigates any cases of improper payments for child care that appear to be due to an unintentional violation. In these cases, the Lead Agency will investigate the case and determine if the unintentional violation can be identified for recovery.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once overpayment has been identified, the Lead Agency can recover through a repayment plan any overpayments identified, whether by an unintentional or intentional violation, and regardless of the provider being a contracted or registered child care provider. The Lead Agency and the provider shall negotiate a repayment plan within 45 days from when the decision becomes final and may include a lump sum payment or equal monthly payments over a specified period of time. Every repayment plan that includes monthly installments shall also include a promissory note executed by the participant in favor of the Lead Agency. The participant shall then make payments as directed in the repayment plan.**

- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Once overpayment has been identified, the Lead Agency can recover from future payments any overpayments identified, whether by an unintentional or intentional violation, and regardless of the provider being a regulated child care provider.**
 - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has established a Program Integrity Team to investigate potentially improper attendance practices that may result in improper payments. Each month a percentage of randomly selected providers will be reviewed for accuracy and any discrepancies will be investigated to determine if any improper invoicing occurred. Additionally, the child attendance system has reporting features that will also identify potential circumstances that could be indicators of improper practices. The Program Integrity Team will use this information to determine if an investigation will be conducted. The Lead Agency investigates any cases of improper payments for child care that appear to be as a possible result of fraud. In these cases, the Lead Agency will investigate the case and determine if there is an unintentional violation that can be identified for recovery and will send the information to the financial unit to initiate recovery. Using the data collected, the Lead Agency will consider if additional methods should be added to the investigation practices.**
 - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☐ No.
- ☒ Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency requires recovery of an improper payment with a minimum dollar amount of \$5.00. The Lead Agency investigates any cases of improper payments for child care that appear to be the result of an agency error. In these cases, the Lead Agency will investigate the case and determine the amount identified for recovery. As a result of such error, the Lead Agency will review and update any internal policies, procedures, or system functionality as needed to ensure a future error does not occur.**

- ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency investigates any cases of improper payments for child care that appear to be the result of an agency error. In these cases, the Lead Agency will investigate the case and determine the amount identified for recovery. As a result of such error, the Lead Agency will review and update any internal policies, procedures, or system functionality as needed to ensure a future error does not occur. Additionally, the Lead Agency has an MOU in place with DSS FSD to share and match data from TANF and SNAP. When the Lead Agency receives TANF information about a family, staff compare the information to child care subsidy to ensure it's consistent.**
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once overpayment is identified, the Lead Agency may recover the overpayment amount through a repayment plan. This includes an agency error, and regardless of the provider being a contracted or regulated child care provider or a contracted vendor.**
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Once an overpayment is identified, the Lead Agency may recover the overpayment amount through a repayment plan. This includes overpayments due to agency error, and regardless of the provider being a contracted or regulated child care provider or a contracted vendor.**
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency investigates any cases of improper payments for child care that appear to be the result of an agency error. In these cases, the Lead Agency will investigate the case and determine the amount identified for recovery. As a result of such error, the Lead Agency will review and update any internal policies, procedures or system functionality as needed to ensure a future error does not occur.**
- viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
 - i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Participants are disqualified when a claim is established against them for overpayment of child care subsidy and they do not make payments on the claim. Participants may request**

a hearing on the adverse action within 90 days of the action and are advised to submit any supporting documentation prior to the hearing. All supporting documentation is reviewed during the hearing in conjunction with participant testimony and the final decision is rendered.

- ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency will not contract with child care providers who have been prosecuted in a criminal court for committing fraud in the Child Care Subsidy program. Recipients may request a hearing on the adverse action within 90 days of the action and are advised to submit any supporting documentation prior to the hearing. All supporting documentation is reviewed during the hearing in conjunction with client testimony and the final decision is rendered.**
- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The eligibility investigator in the Lead Agency makes referrals to the local prosecuting attorney when it has established a case of fraud by a provider or child care recipient.**
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		